MAXIMUS Federal Services

Case Number:	CM14-0112978		
Date Assigned:	08/01/2014	Date of Injury:	05/28/2007
Decision Date:	09/12/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/17/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 70-year-old male with a date of injury of 05/28/2007. The listed diagnoses per [redacted] are: 1. DDD, lumbar. 2. Pain, cervical. 3. DDD, cervical. 4. HNP, cervical. 5. Spinal stenosis, lumbar. 6. Spinal stenosis, cervical. 7. Bursitis, greater trochanteric. According to progress report 06/23/2014, the patient presents for a follow-up for multiple injuries including the neck, shoulder, and left arm. Patient states his pain is progressively getting worse and making it difficult for him to sleep and function. He notes pain, stiffness, and tenderness over the lateral hip area. Treating physician states the patient has multiple issues all relating to work-related injuries including left lateral hip tenderness and pain. He demonstrates physical evidence of left trochanteric bursitis which is likely related to spinal issues and scoliosis. Treating physician is requesting authorization for a "nurse case manager for his care, given his significant multiple issues." Treating physician further states the patient had a prior nurse case manager which has been taken from this case. Utilization review denied the request on 07/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Assignment of a Nurse case manager for coordination of care between multiple disciplines between 6/30/14 and 8/14/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: This patient presents with chronic low back and neck pain. The treating physician states the patient has multiple medical issues therefore requiring a case manager for coordination of care between disciplines between 06/30/2014 and 08/14/2014. Utilization review denied the request stating this issue is outside of scope of utilization review and "are properly left to the claims administrator." The ACOEM, MTUS, and ODG Guidelines do not discuss nurse case managers. MTUS page 8 has the following, "The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives." In this case, MTUS require that the treating physicians provide monitoring and coordination of care. The request is not medically necessary.