

Case Number:	CM14-0113636		
Date Assigned:	08/01/2014	Date of Injury:	07/22/1997
Decision Date:	09/10/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/21/2014

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 Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 68 year old female with a work injury dated 7/22/97. The diagnoses include lumbar spine herniated nucleus pulposus with radiculopathy, cervical spine myoligamentous injury, rule out herniated nucleus pulposus, occasional sleep deprivation. Under consideration is a request for follow up orthopedic evaluation w/ [REDACTED] and Internal medicine evaluation w/ [REDACTED]. There is an internal evaluation report dated 7/9/14 that states that the patient has significant problems with her neck and back with significant pathology, unfortunately she is a poor surgical candidate due to the severity and multiple levels involved. She is doing relatively well with conservative treatment and medication. The documenting physician states that she continues to do well she can be deemed P&S with future medical treatment. Most likely she can continue with medication and therapy if her neurological symptoms are preserved. Her current cervical spine pain is a 2/10. She has occasional headaches in the occipital area extending to forehead. The headaches do increase with increased neck pain. Following physical therapy, she indicates her right upper extremity symptoms have improved significantly. She has significant low back pain. She indicates that the physical therapy has also helped with her low back and currently complains of intermittent left lower extremity tingling to the dorsum of the foot. She also has occasional cramping of the foot and continues to experience left lower extremity weakness. Her low back pain is currently a 3/10. She has occasional difficulty sleeping due to lumbar spine pain. She has completed an EMG and NCV on May 2, 2014, which was positive for mild acute L3 and L4 radiculopathy on the left. Additionally, the patient has completed an orthopedic evaluation who recommends continuing with conservative care. An MRI of the lumbar spine dated 02/13/2014 demonstrates degenerative grade I anterior listhesis of L3 and L4. There are multiple levels of spinal stenosis and disc degeneration with facet hypertrophy. On

exam she has areas of tenderness to palpation in the cervical and lumbar paraspinal areas. There are decreased cervical and lumbar spine ranges of motion. There are positive cervical tests including the cervical distraction test, maximum foraminal compression, and shoulder depression test. Sensation is decreased in the anterior leg on the left, otherwise intact. The straight leg is positive at 60 on the left. There are positive Kemp's test, Milgram's; Valsalva and Braggard's tests bilaterally. There is a request for pain management consult for injections, internal evaluation for medication management, orthopedic surgical follow up to discuss future surgical needs if necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up orthopedic evaluation w/ [REDACTED]: 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 Pain Outcomes and Endpoints Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Office visits.

Decision rationale: A follow up orthopedic evaluation w/ [REDACTED] is not medically necessary per the ODG and the MTUS Chronic Pain Medical Treatment Guidelines. The ODG recommends office visits as medically necessary and states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The MTUS states that fluctuations are likely to occur in the natural history of patients with chronic pain. Exacerbations and "breakthrough" pain may occur during the chronic clinical course and adjustments to the treatment will be necessary. The documentation states that the patient has already seen this physician who is a surgeon and he did not feel that she is a surgical candidate. The documentation indicates that the patient sees a pain management physician. There is no documentation that indicates that a follow up orthopedic evaluation w/ [REDACTED] needed and therefore the request is not medically necessary.

Internal evaluation w/ [REDACTED]: 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 Pain Outcomes and Endpoints Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Office visits.

Decision rationale: Internal evaluation w/ [REDACTED] is not medically necessary per the MTUS and the ODG guidelines. The ODG recommends office visits as medically necessary and states that the need for a clinical office visit with a health care provider is individualized based

upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The MTUS states that fluctuations are likely to occur in the natural history of patients with chronic pain. Exacerbations and "breakthrough" pain may occur during the chronic clinical course and adjustments to the treatment will be necessary. The documentation states that the patient sees a pain management physician therefore there is no need for an internal evaluation by [REDACTED] for medication management. The request for internal evaluation w/ [REDACTED] is not medically necessary.