

Case Number:	CM14-0139408		
Date Assigned:	09/05/2014	Date of Injury:	08/04/2010
Decision Date:	10/14/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/28/2014

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 Family Medicine, 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 injured worker is a 44 year old female whose date of injury is 8/04/2010. The mechanism of injury is described as picking up grapes. Treatment to date includes x-rays, EMG/NCV, MRI scans, physical therapy, acupuncture, back brace, aquatic therapy, chiropractic therapy, medication management, epidural steroid injection and home exercise program. Diagnoses are listed as herniated nucleus pulposus, thoracic sprain, lumbar radiculopathy, possible CSF posterior to thoracic cord and facet arthropathy of the lumbar spine. Office visit dated 07/09/14 indicates that the injured worker complains of ongoing back pain. She underwent right L4-5 epidural steroid injection on 06/12/14 and reported 50% improvement in low back pain. On physical examination gait is antalgic and assisted by a single point cane. There is diffuse tenderness to palpation to the lumbar paraspinals. Lumbar range of motion is decreased. She was recommended to decrease gabapentin and Lidopro. She was recommended for a medically supported weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office visit (quantity one): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blanco FC, Davenport KP, Kane TD. Pediatric gastroesophageal reflux disease. surgical Clinics of North America 2012;92(3):541-58, viii.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, OFFICE VISITS

Decision rationale: Based on the clinical information provided, the request for office visit (quantity one) is not recommended as medically necessary. The prior request was denied on the basis that the injured worker has been seen and there was incomplete data in regards to the physical examination. Despite this, the injured worker has been prescribed therapy for GERD. There is now only a need to have the full oral medical therapy for GERD. There is insufficient information to support a change in determination, and the previous non-certification is upheld. There is no clear rationale provided to support an office visit at this time, and therefore, medical necessity is not established in accordance with the Official Disability Guidelines.