MAXIMUS Federal Services

Case Number:	CM14-0024134		
Date Assigned:	07/07/2014	Date of Injury:	01/09/2006
Decision Date:	09/29/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/26/2014

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, and is licensed to practice in Illinois. 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 72 year old female who reported injury on 06/01/2012. The mechanism of injury was not specified. The diagnoses included an annular tear at L4-L5, disc herniation at L5-S1 and lower extremity radiculopathy. Past treatments include chiropractic care and medications. Her diagnostic studies included an endoscopy on 01/14/2014 and an x-ray of the hip and pelvis on 07/01/2014. The injured worker is status post removal of her kidney stones in 2013. The injured worker complained of bilateral hip pain at a level of 8/10, bilateral groin and anterior thigh pain, posterior burning down both of her legs and low back pain. The physical exam findings did not indicate additional findings. Medications included Ibuprofen 600mg, Topamax 50mg, Trazodone 50mg, Cymbalta 30mg, Lyrica 250mg, Promethazine 25mg and Valium 5mg. The treatment plan was for the injured worker to regularly exercise or start an exercise program, lose weight and to refer back to specialist. The rationale for the request and the request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office Consultation ,Quantity: 3 (Consultation With Pain Mangement Specialist, Neurologist And Podiatrist): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM ,Independent Medical Examination (IME) and consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Office Visits.

Decision rationale: The request for an office consultation of a quantitiy of 3 consultations with a pain management specilist, neurologist and podiatrist is not medically necessary. The injured worker has a history of an annular tear at L4-L5, disc herniation at L5-S1 and lower extremity radiculopathy. The Official Disability guidelines recommend office visits as determined to be medically necessary. Evaluation and management of outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The injured worker had complaints of bilateral hip pain, bilateral groin and anterior thigh pain, posterior burning down both of her legs and low back pain. The guidelines state 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. However, the documentation indicated low back pain and hip pain, there was no evidence of any neurological deficits noted in her physical exam to merit a visit with a neurologist. Additionally, there was no indication of any significant foot pain or physical findings to warrant the need to see a podiatrist. Furthermore, the rationale and treatment plan did not reference the injured worker's pain issues to justify a visit with a pain management specialist for pain. In the absence of further details regarding the injured worker's need for the requested consultations, the request is not supported. As such, the request for an office consultation of a quantitiy of 3 consultations with a pain management specialist, neurologist and podiatrist is not medically necessary.