MAXIMUS Federal Services

Case Number:	CM14-0033560		
Date Assigned:	06/20/2014	Date of Injury:	02/01/2005
Decision Date:	07/24/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/17/2014

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 Medicine and Rehabilitation, 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:

This patient is a 35-year-old female with a date of injury of 02/01/2005. The listed diagnoses per [redacted] are:1. Neuropathy. 2. Low back pain. 3. Status post spinal cord stimulator implant. There are only two progress reports in the medical, both are from 2013. According to progress report 02/14/2013 by [redacted], the patient presents with continued low back pain. Cervical and lumbar range of motion was noted at 50% on all planes. Patient has increase in aerobic activity, ADLs, and sleep. On 07/01/2013, patient reported increase in spasms in the neck and low back. She is taking Norco for pain. Treating physician recommended Norco and Baclofen. The treating physician noted the patient has moved to San Francisco and is "having trouble getting authorization approvals for pain management." Request for authorization by [redacted] from 02/19/2014 requests "comprehensive evaluation." Utilization review states the request is for comprehensive evaluation (glucose x1, behavioral assessment x8, medical team conference x2, medical data review x2, cryopreservation x2, and CNS assessment x1). The UR documented phone conversation from 02/27/2014 with [redacted]. [redacted] reported, "He is unclear of this request. The claimant has relocated and was last seen in November." Utilization review denied the request on 02/27/2014 stating, without updated clinical history and exam the requested evaluation cannot be made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive evaluation (89245 (glucose) time 1, 96150 (behavioral assessment) times8, 99366 (medical team conference) times 2, 99080 (medical data review) times 2, 89258(cryopreservation) times 2 and 96101 (Central Nervous System CNS assessment) times 1): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Procedure Summary last updated 01/07/2014.

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

Decision rationale: This patient presents with continued low back pain. The request is for a comprehensive evaluation (glucose x1, behavioral assessment x8, medical team conference x2, medical data review x2, cryopreservation x2, and CNS assessment x1). The requesting provider [redacted] does not provide any discussion or rationale for the requested comprehensive evaluation. There are no progress reports by the requesting Clinic. MTUS, page 8, requires that the treating physician monitor the patient and provide appropriate recommendations regarding treatment. In this case, the recommendation cannot be made as there are no discussion as to why the patient requires such specialized assessments. Recommendation is for denial. The request is not medically necessary and appropriate.