

Case Number:	CM14-0037913		
Date Assigned:	09/05/2014	Date of Injury:	01/07/2000
Decision Date:	10/15/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/31/2014

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 Occupational 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:

This is a 42-year-old male with a January 7, 2000 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 1/31/14 noted subjective complaints of 6/10 low back pain radiating to the left foot with numbness, tingling, weakness and pain. Objective findings included tenderness to palpation along L5-S1, decreased bilateral lower extremity strength, decreased sensation at left L4, L5, S1, and right L4. The provider notes state that the treatment plan is to continue conservative treatment to include home exercise program, moist heat, and stretches. Diagnostic Impression: lumbago, lumbosacral neuritis Treatment to Date: physical therapy, acupuncture, prior ESI, medication management A UR decision dated 3/3/14 denied the request for conservative care/observant management. The treating provider notes the patient is to continue with conservative treatment to include home exercise program, moist heat, and stretches. These modalities do not require authorization as they are performed in the home setting on an independent basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Conservative Care/Observant Management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer cannot cite a specific cited because the requested service was not described in sufficient detail. In order to select the relevant guideline, the requested service must refer to a specific treatment, test, or referral. The request in this case was too generic and might conceivably refer to any number of guideline citations

Decision rationale: The California MTUS Guidelines do not address conservative care/observant management as a specific treatment, and this phrase could refer to a vast and varied list of potential treatments. The provider notes state that the treatment plan is to continue conservative treatment to include home exercise program, moist heat, and stretches. These treatments do not require specific authorization, do not require further visits with a health professional, and are not the same as conservative care/observant management. As noted above, the request is non-specific and does not refer to any specific treatment. Therefore, the request for conservative care/observant management is not medically necessary.