

Case Number:	CM14-0049786		
Date Assigned:	07/07/2014	Date of Injury:	12/05/2013
Decision Date:	09/05/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/17/2014

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 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 patient is a 48-year-old male employee with date of injury of 12/5/2013. A review of the medical records indicate that the patient is undergoing treatment for lower back pain/strain of lumbar region with radiculopathy. Subjective complaints include (12/17/2013) pain in the "lower back into both legs" and (2/25/2014) dull, achy, sharp low back pain and stiffness that is aggravated by standing, walking, bending, kneeling, and squatting. Objective findings (12/17/2013) of lumbar spine include 10 degree extension, 45 degree flexion, 15 degree for both right and left lateral bending. Lumbar exam (2/25/2014) include 15/25 degree extension, 40/60 degree flexion, 20/25 for both right and left lateral bending, 3+ tenderness to palpation of lumbar paravertebral muscles, sitting straight leg raise positive (no laterality specified). Xrays of lumbar spine dated 12/20/2013 indicate mild osteoarthritis of the lumbar spine. Treatment has included braces for wrist and back and Motrin 600mg #40 (12/10/2013), Tramadol 60g IM, H-wave (12/10/2013), amlodipine 5mg 1/day, meloxicam 7.5mg 1/day (12/10/2013), Omeprazole 20mg #60, Cyclobenzaprine 7.5mg #60, Ibuprofen 800mg #60, Gabapentin 30g, and Gabapentin 240g (mailed to home from office visit on 1/22/2014). The utilization review dated 4/2/2014 non-certified the request for Orthopedic consult body part lumbar spine due to lack of evidence that this will affect the current treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consult body part lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Office Visit.

Decision rationale: ODG states concerning office visits "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. 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 determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible".ACOEM additionally states concerning low back complaints: "Assessing Red Flags and Indications for Immediate Referral Physical-examination evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for immediate consultation. The examination may further reinforce or reduce suspicions of tumor, infection, fracture, or dislocation. A history of tumor, infection, abdominal aneurysm, or other related serious conditions, together with positive findings on examination, warrants further investigation or referral. A medical history that suggests pathology originating somewhere other than in the lumbosacral area may warrant examination of the knee, hip, abdomen, pelvis or other areas."Medical records to no indicate any red flags for immediate referral. The subjective and objective complaints have also changed minimally over the last year and the treating physician does not detail well why the consultation is being requested. As such, the request for Orthopedic consult body part lumbar spine is not medically necessary at this time.