

Case Number:	CM14-0054184		
Date Assigned:	09/12/2014	Date of Injury:	05/09/2011
Decision Date:	10/10/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/22/2014

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 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 50-year-old female who reported an injury on 03/09/2011 due to a slip and fall while walking into her restroom injuring her back. The injured worker has a diagnoses of lumbar radiculopathy, pain related insomnia, myofascial syndrome. Past medical treatment consists of corticosteroid injections, physical therapy, surgery, lumbar epidural steroid injection and medication therapy. Medications include Trepadone, Gabadone, 5HTP 100 mg, ibuprofen, and Theramine. The injured worker has undergone x-rays and MRIs. On 08/06/2014, the injured worker complained of low back pain. It was noted upon a physical examination that the injured worker had a pain rate of 6/10 to 7/10. The report did not indicate any evidence of range of motion, motor strength, or sensory deficits during the physical examination. The medical treatment plan is for the injured worker to undergo a second opinion for spine surgery. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Second Opinion Spine Surgery Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, page 127

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

Decision rationale: The request for OneSecond Opinion Spine Surgery Consultation is not medically necessary. The Official Disability Guidelines recommend office visits as they are to be determined medically necessary. Evaluation and management (E&M) outpatient visits to 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 need for a clinical office visits with the healthcare provider is individualized based upon a review of the patients concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opioids, or medicines such as certain antibiotics, require close monitoring. As the patients' conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visits 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. The request as submitted did not specify a time frame as to when the injured worker would be attending the follow-up visit. There was also no submitted documentation regarding the current clinical situation with the injured worker to determine when they would need to be seen again and without that information, necessity cannot be determined. Additionally, there was no rationale submitted for review indicating why a second opinion would be necessary. Given the above, the injured worker is not within the ODG criteria. As such, the request forOne Second Opinion Spine Surgery Consultation is not medically necessary.