

Case Number:	CM14-0058281		
Date Assigned:	07/09/2014	Date of Injury:	10/01/2010
Decision Date:	08/29/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/29/2014

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:

This male donation clerk sustained a low back continuous trauma injury on 10/1/10 from unloading items while employed by [REDACTED]. The requests under consideration include One Internal Medicine Visit and One Pain Management visit. Diagnoses include lumbar sprain and strain. The provider noted in a hand-written report of 2/26/14 for the patient to see internal medicine physician for hypertension and cholesterol and follow-up for pain management. Exam showed intact sensation in the right anterior thigh, lateral calf, and lateral ankle. AME report of 9/17/13 noted patient with ongoing chronic lumbosacral spine, limiting his activity. Exam showed discomfort with deep palpation about the midline without spasm; able to toe and heel walk easily, 5/5 motor strength in all lower extremity with intact sensation and symmetrical reflexes. No surgical recommendation was noted. On 1/10/14, the patient underwent lumbar epidural steroid injection under fluoroscopic guidance with noted 75% pain relief. A report of 4/2/14 from the provider noted the patient to remain off work for another 6 weeks. A Report of 5/7/14 has requests for internist follow-up for hypertension and cholesterol with date set for June 2014 and chronic pain provider on 5/29/14. The patient was again placed off work for another 6 weeks. There is a dated utilization review letter dated 4/7/14 and 4/15/14 that administered certification for follow-up with pain management and lumbar LESI with end date of 6/26/14 and 7/11/14. Report of 6/11/14 from the provider noted the patient underwent repeat LESI on 6/9/14 by pain management provider with about 50% improvement. Request(s) for One Internal Medicine Visit and One Pain Management visit were not granted on 4/3/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Internal Medicine Visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 7 page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 7- Independent Medical Examinations and Consultations, page 127 Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hypertension, pages 320 & 382.

Decision rationale: This male donation clerk sustained a low back continuous trauma injury on 10/1/10 from unloading items while employed by [REDACTED]. Request(s) under consideration include One Internal Medicine Visit and One Pain Management visit. Diagnoses include lumbar sprain and strain. The provider noted in hand-written report of 2/26/14 for the patient to see internal medicine physician for hypertension and cholesterol and follow-up for pain management. Exam showed intact sensation in the right anterior thigh, lateral calf, and lateral ankle. AME report of 9/17/13 noted patient with ongoing chronic lumbosacral spine, limiting his activity. Exam showed discomfort with deep palpation about the midline without spasm; able to toe and heel walk easily, 5/5 motor strength in all lower extremity with intact sensation and symmetrical reflexes. No surgical recommendation was noted. On 1/10/14, the patient underwent lumbar epidural steroid injection under fluoroscopic guidance with noted 75% pain relief. Report of 4/2/14 from the provider noted the patient to remain off work for another 6 weeks. Report of 5/7/14 has requests for internist follow-up for hypertension and cholesterol with date set for June 2014 and chronic pain provider on 5/29/14. The patient was again placed off work for another 6 weeks. There is a dated utilization review letter dated 4/7/14 and 4/15/14 that administered certification for follow-up with pain management and lumbar LESI with end date of 6/26/14 and 7/11/14. Report of 6/11/14 from the provider noted the patient underwent repeat LESI on 6/9/14 by pain management provider with about 50% improvement. Request(s) for One Internal Medicine Visit and One Pain Management visit were granted on 4/3/14. The ACOEM and MTUS are silent on hypertension and high cholesterol as it relates to industrial injury of low back pain; however it does state along with the ODG, when a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex in nature whereby additional expertise may analyze for causation, prognosis, degree of impairment, or work capacity clarification. It appears the patient already had a working diagnosis of hypertension as noted by the provider; however, no clinical documentation was identified correlating to diagnosis. Additionally, submitted reports have not adequately demonstrated evidence of prolonged use of medications, which may produce edema, hypertension, or hypercholesterolemia nor is there any medical treatment procedure or surgical plan delayed, hindering the recovery process of this industrial injury due to hypertension or high cholesterol. The One Internal Medicine Visit is not medically necessary and appropriate.

One Pain Management visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 7 page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7- Independent Medical Examinations and Consultations, page 127.

Decision rationale: This male donation clerk sustained a low back continuous trauma injury on 10/1/10 from unloading items while employed by [REDACTED]. The request under consideration includes One Internal Medicine Visit and One Pain Management visit. Diagnoses include lumbar sprain and strain. The provider noted in hand-written report of 2/26/14 for the patient to see internal medicine physician for hypertension and cholesterol and follow-up for pain management. Exam showed intact sensation in the right anterior thigh, lateral calf, and lateral ankle. AME report of 9/17/13 noted patient with ongoing chronic lumbosacral spine, limiting his activity. Exam showed discomfort with deep palpation about the midline without spasm; able to toe and heel walk easily, 5/5 motor strength in all lower extremity with intact sensation and symmetrical reflexes. No surgical recommendation was noted. On 1/10/14, the patient underwent lumbar epidural steroid injection under fluoroscopic guidance with noted 75% pain relief. A report of 4/2/14 from the provider noted the patient to remain off work for another 6 weeks. A report of 5/7/14 has requests for internist follow-up for hypertension and cholesterol with date set for June 2014 and chronic pain provider on 5/29/14. The patient was again placed off work for another 6 weeks. There is a dated utilization review letter dated 4/7/14 and 4/15/14 that administered certification for follow-up with pain management and lumbar LESI with end date of 6/26/14 and 7/11/14. Report of 6/11/14 from the provider noted the patient underwent repeated LESI on 6/9/14 by pain management provider with about 50% improvement. The patient has underwent multiple repeated LESI with noted 50-75% pain relief; however, there has been no change in medication dosing, increased ADLs, decrease medical utilization as the patient has remained off work for an extensive period despite 2 LESI in January and June of 2014. Additionally, clinical exam by the AME noted no neurological deficits or surgical lesion to render additional pain management for further injections. The One Pain Management visit is not medically necessary and appropriate.