

Case Number:	CM14-0064657		
Date Assigned:	07/11/2014	Date of Injury:	03/12/2002
Decision Date:	09/08/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/07/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 53 year old male with a date of injury on 3/12/2002. Diagnoses include intervertebral disc syndrome, lumbar radiculopathy, and strain/sprain of cervical spine. Subjective findings show that patient has frequent flare-ups of moderate to severe pain and muscle spasm in the low back. Pain radiates to the buttocks and hips. Physical exam shows a surgical scar along the lumbar spine with muscle spasms and tenderness. There is decreased lumbar range of motion, and positive Lasegue's and straight leg raise test. There is also muscle spasms noted around the cervical paravertebral muscles. Lumbar MRI from 2012 shows diffuse disc bulge at L4-5. Cervical MRI from 2012 shows disc herniation/osteophyte complex at C4-5 and C5-6. Electrodiagnostic studies of the lower extremities were normal in 2006. Submitted documentation indicates the patient is to continue analgesic, anti-inflammatory and muscle relaxant medications. The type and dose of medications was not included in the submitted records. Plan was to continue pharmacologic management and a short course of physiotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacological management including prescripion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines.

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, PAGE 127 Official Disability Guidelines (ODG) PAIN, OFFICE VISIT.

Decision rationale: ACOEM guidelines indicate that consultation can be obtained to aid in diagnosis, prognosis, therapeutic management, and determination of medical stability. The ODG recommends office visits are determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the 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. For this patient, the submitted records do not indicate the type of medications the patient is currently taking, or the rationale for the need for specific referral for pharmacologic management. Therefore, the medical necessity for pharmacologic management is not established at this time.