

Case Number:	CM14-0066114		
Date Assigned:	07/11/2014	Date of Injury:	10/02/2012
Decision Date:	09/17/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/09/2014

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 Texas. 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 37 year old male whose date of injury is 10/02/12. The mechanism of injury is described as moving a safe. The accepted body part is the low back. Neurology note dated 12/09/13 indicates the injured worker is diagnosed with tremor and involuntary movements of uncertain etiology, back pain related to work related injury, and recent acute renal failure from rhabdomyolysis requiring hemodialysis. Progress note dated 07/18/14 indicates that he continues to experience mid and low back pain. His tremors persist as well. On physical examination lumbar range of motion is limited with pain. Straight leg raising is positive on the right. Diagnoses are displacement of lumbar intervertebral disc without myelopathy, degeneration of intervertebral disc, backache, tremor, lumbar sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office visit every 2 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter, Office visits.

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

Decision rationale: Based on the clinical information provided, the request for office visit every two months is not recommended as medically necessary. There is no clear rationale provided to support the request. There is no duration of treatment documented, and no end date of treatment request was provided. Given the current clinical data, the requested office visits are not medically necessary in accordance with the Official Disability Guidelines.