

Case Number:	CM14-0081836		
Date Assigned:	07/18/2014	Date of Injury:	11/27/2007
Decision Date:	09/08/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/03/2014

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 & 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 35-year-old male who reported an injury on 11/27/2007. The mechanism of injury was not stated. Current diagnoses include post laminectomy syndrome, status post microlumbar decompressive surgery in 2010, and chronic low back and left leg pain. The latest Physician's Progress Report submitted for this review is documented on 03/03/2014. The injured worker presented with persistent lower back and left lower extremity pain. The injured worker also reported anxiety, depression, and anger. It is noted that the injured worker reported 50% improvement in symptoms with a spinal cord stimulator trial. The current medication regimen includes Norco 10/325 mg, Docuprene, and Flexeril 7.5 mg. Physical examination revealed no acute distress, a normal gait, limited lumbar range of motion, and diminished sensation in the left L4 and L5 dermatomes. Treatment recommendations at that time included continuation of the current medication regimen and permanent implantation of a spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management follow-up office visit.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Claims Administrator based its decision on the Non-MTUS ACOEM Guidelines 2004 Second Edition Chapter 7 Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: California MTUS/ACOEM Practice Guidelines state physician follow-up can occur when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected. As per the documentation submitted, the injured worker has been previously treated by a pain management specialist. The injured worker has undergone a spinal cord stimulator trial. The medical necessity for an additional pain management follow-up visit with a separate physician has not been established. As such, the request for pain management follow-up office visit is not medically necessary and appropriate.

Chiropractic Lumbar rehabilitative therapy 2 times a week for 4 weeks.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Claims Administrator based its decision on the Non-MTUS ACOEM Guidelines 2004 Second Edition Chapter 7 Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: California MTUS Guidelines state manual therapy and manipulation are recommended for chronic pain, if caused by a musculoskeletal condition. Treatment for the low back is recommended as a therapeutic trial of 6 visits over 2 weeks. As per the documentation submitted, the injured worker has been previously treated with chiropractic therapy. However, there was no documentation of objective functional improvement. The current request for 8 sessions of chiropractic therapy would exceed Guideline recommendations. As such, the request for Chiropractic Lumbar rehabilitative therapy 2 times a week for 4 weeks is not medically necessary and appropriate.

Follow-up office visit with pain psychologist.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Claims Administrator based its decision on the Non-MTUS ACOEM Guidelines 2004 Second Edition Chapter 7 Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: California MTUS/ACOEM Practice Guidelines state the frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. As per the documentation submitted, the injured worker does report anxiety, depression, and anger. However, there was no comprehensive psychological examination provided for this review. There is no documentation of an attempt at conservative management prior to the request for a

follow-up visit with a pain psychologist. The medical necessity has not been established. As such, the request for follow-up office visit with pain psychologist is not medically necessary and appropriate.