

Case Number:	CM14-0088155		
Date Assigned:	07/23/2014	Date of Injury:	06/17/2008
Decision Date:	10/14/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/12/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 27-year-old female with a reported date of injury on 06/17/2008. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include failed back surgery syndrome to the lumbar region, muscle spasms, myalgia/myositis, inflammation of the trochanteric bursa, chronic pain, left shoulder pain, pain in the lower leg joint, thoracic or lumbosacral radiculopathy, chronic pain due to trauma, and left meniscal surgery. Her previous treatments were noted to include surgery, physical therapy, and medications. The progress note dated 05/05/2014 revealed complaints of moderate to severe pain that was fluctuating to the middle back, lower back, gluteal area, and left shoulder. The pain radiated to the left ankle, right ankle, left arm, left calf, right calf, left foot, right foot, left high, right thigh, right knee, left hip, and left leg. The injured worker indicated the symptoms were relieved by ice, lying down, injection, massage, and pain medications. The injured worker indicated without medications her pain score was 10/10 and with medications was 5/10. The injured worker indicated with medications she was able to go to work and volunteer each day, perform normal daily activities, had a social life outside of work, and take an active part in her family life. The physical examination revealed normal muscle tone and tenderness to the left lumbar paraspinal at the surgical level. There was a normal range of motion to the hip, knee, foot/ankle. The provider indicated the range of motion was limited with factors of pain to the lumbar spine. The Request for Authorization form was not submitted within the medical records. The request was for followup visit to anesthesiologist x12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-Up Visit to Anesthesiologist x 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Follow-Up Visit to Anesthesiologist x 12 is not medically necessary. The injured worker complains of spinal and lower extremity pain. The CA MTUS/ACOEM Guidelines recommend patients with potentially work related low back complaints should have followup every 3 to 5 days by a midlevel practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns. Health practitioners should take care to answer questions and make the sessions interactive so the patient is fully involved in his/her recovery. If the patient has returned to work, these interactions may be conducted on site or by telephone to avoid interfering with modified or full work duty activities. 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, on average. Physician followup might be expected every 4 to 7 days if the patient is off work and 7 to 14 days if the patient is working. The injured worker is having ongoing pain and dysfunction of the lumbar spine with a prior history of surgery, an initial assessment by the anesthesia specialist would be reasonable to address the treatment options at this time. Need for 12 visits is not clearly established at this time. A specialty consult can be considered for complex cases with delayed recovery to assist the treating provider with plan of care options and to assist with care; however, 12 followup visits is excessive. Therefore, the request is not medically necessary.