

Case Number:	CM14-0089435		
Date Assigned:	07/23/2014	Date of Injury:	01/14/2011
Decision Date:	09/26/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/13/2014

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 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 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 62-year-old female whose date of injury is 01/14/2011. The mechanism of injury is described as lifting boxes in storage. Treatment to date includes MRI scans, epidural steroid injections, and medication management. Diagnoses are lumbar strain, cervical strain, advanced disc space narrowing L5 to S1, arthritis of lower lumbar facets, multilevel degenerative disc disease with anterior annular fissure L3 to 4, mild stenosis L3 to L4 foramina due to posterolateral disc bulging, and thoracic strain. Note dated 04/14/14 indicates that she continues to have pain and discomfort of the thoracic and low back area. Most recent epidural steroid injection was on 03/06/14 and provided fifty to sixty percent pain relief. The injured worker was determined to have reached maximum medical improvement as of 08/15/11.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management follow up visit for 3 months and tx based on outcome of follow up:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar 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) Low Back Chapter, Office visits.

Decision rationale: The Expert Reviewer's decision rationale: Based on the clinical information provided, the request for pain management follow up visit for three months and treatment based on outcome of follow up is not recommended as medically necessary. There is no current, detailed physical examination submitted for review as the most recent clinical documentation submitted for review is from April. One follow up visit was authorized on 05/28/14; however, the results of this office visit are not provided. There is no clear rationale provided to support three months of follow up visits at this time, and the request for treatment based on the results of these visits is vague and nonspecific. Therefore, this request is not medically necessary.