

Case Number:	CM14-0195677		
Date Assigned:	12/03/2014	Date of Injury:	10/09/2013
Decision Date:	01/20/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/21/2014

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 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:

This is a 61 years old male patient who sustained an injury on 10/9/2013. He sustained an injury due to lifting a container. The diagnosis includes lumbar degenerative disc disease. Per the pain specialist's notes dated 10/28/2014, he had complaints of low back and thoracic pain with radiation to the bilateral lower extremities with occasional numbness. Physical examination revealed low back flexion 80%, extension 70%, and lateral rotation 60% of the normal, 5/5 upper extremity strength with muscle atrophy noted to bilateral hands and diminished bilateral triceps and bicep reflexes, 5/5 lower extremities strength, diminished pin prick and temperature sensation in L4, L5, and S1 distributions and diminished reflexes in bilateral knees and ankles. The medications list includes Diclofenac. Patient was advised physical therapy visits, Diclofenac and epidural steroid injection. His surgical history includes colostomy. He has had the lumbar MRI dated 9/3/2014 which revealed trace levoconvex scoliosis of the lumbar spine, L5-S1 left lateral recess stenosis, left greater than right and displacement to the left exiting L5 nerve, L4-L5 lateral recess stenosis and neural foraminal stenosis bilaterally, L2-L3 displacement to the right exiting L2 nerve, and straightening of the expected lumbar lordosis attributable to muscle spasm versus positioning. He has had physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Follow up visits with a pain management specialist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disabilities 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, Independent Medical Examinations and Consultations, page 127. Official Disability Guidelines (ODG) Chapter: Low Back (updated 11/21/14) Office visits.

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Per the records provided patient had chronic lumbar and thoracic pain with radicular symptoms and signs. He also was noted to have muscle atrophy in both hands and decreased reflexes. The patient has had a lumbar MRI with abnormal findings. Patient has tried conservative measures including physical therapy and NSAIDs. The case is complex and the plan or course of care may benefit from additional expertise. The request of 3 follow up visits with a pain management specialist is medically necessary and appropriate for this patient.