

Case Number:	CM14-0199242		
Date Assigned:	12/09/2014	Date of Injury:	10/07/2013
Decision Date:	01/26/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/26/2014

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 Rehab and is licensed to practice in Illinois. 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 59-year-old male who reported an injury on 10/07/2013. The mechanism of injury was a fall. His diagnoses include DJD of the lumbar spine. His past treatments include modified activities and anti-inflammatory medication. The surgical history was not provided within the documentation. Relevant diagnostic studies were not provided within the documentation. On 10/28/2014, the injured worker presented with ongoing low back pain that radiated down into his left leg and foot. He also reported temporary pain relief with pain medication. The objective findings revealed an antalgic gait on the left and decreased range of motion in the lumbar spine. Current medications were not provided within the documentation. The treatment plan did not address the low back. A rationale was not provided for the request. A Request for Authorization form was submitted for review on 11/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work-up and evaluation for back: Upheld

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

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

Decision rationale: The Official Disability Guidelines recommend office visits to be medically necessary as outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The physical examination findings revealed an antalgic gait on the left and decreased range of motion of the lumbar spine. However, the treatment plan failed to address the low back and the request did not specify the nature of the work-up or type of evaluation. Additionally, a rationale for the request was not provided within the documentation. As such, the request for work-up and evaluation for the back is not medically necessary.