

Case Number:	CM14-0207296		
Date Assigned:	12/19/2014	Date of Injury:	07/27/2012
Decision Date:	03/10/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 62 year old female who sustained an industrial injury on July 27, 2012. She reported lower back pain and right lower extremity pain and has been diagnosed with Thoracic or lumbosacral neuritis or radiculitis, lumbago, and sprains and strains of lumbar region. Treatment to date has included medical imaging, ice, heat, exercise, medications, acupuncture, and physical therapy. Currently the injured worker complains of lower back pain and right lower extremity pain. The treatment plan has included ice, heat, exercise, medications, and await authorization for a FRPIE. On November 10, 2014 Utilization Review non certified retrospective review for outpatient range of motion and pharmacological management for date of service January 10, 2014 noting the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Range of Motion (ROM): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, retrospective request for range of motion is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychosocial issues area a thorough physical examination is also important to establish/confirmed and observe/understand pain behavior. The history and physical examination also serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker's working diagnoses are thoracic lumbosacral neuritis or radiculitis; and lumbago. Subjectively, the injured worker has complaints of low back pain. Medications are helping. Objectively, there is tenderness over the lumbar midline to palpation. The documentation does not contain a clinical rationale or indication regarding the request for range of motion. Additionally, range of motion measurement is a standard part of the physical examination. There is no documentation in the medical record to suggest anything more than the physical examination is required. Consequently, absent clinical documentation to support range of motion testing over the above that available on a simple physical examination, retrospective request for range of motion is not medically necessary.

Retrospective request for Pharmacologic Management DOS 1/10/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, retrospective request for retrospective pharmacological management date of service January 10, 2014 is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychosocial issues area a thorough physical examination is also important to establish/confirmed and observe/understand pain behavior. The history and physical examination also serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker's working diagnoses are thoracic lumbosacral neuritis or radiculitis; and lumbago. Subjectively, the injured worker has complaints of low back pain. Medications are helping. Objectively, there is tenderness over the lumbar midline to palpation. The documentation does not contain a clinical rationale or indication regarding the request for pharmacologic management. There is no documentation concerning the request for pharmacologic management. The injured worker takes cyclobenzaprine 7.5 mg, hydrocodone/APAP, naproxen and pantoprazole. The documentation in the record does not contain alterations and medications that resulted in a significant change in the activities of daily living according to the history and

physical examination progress note. There is no clinical indication in the medical record for the retrospective pharmacologic management review and consequently retrospective pharmacologic management data service January 10, 2014 is not medically necessary.