

Case Number:	CM14-0216394		
Date Assigned:	01/06/2015	Date of Injury:	05/27/2002
Decision Date:	04/09/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/24/2014

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 34-year-old female who reported an injury on 05/27/2002. The mechanism of injury was not provided. She is diagnosed with lumbar radiculopathy. Her past treatments were noted to include epidural steroid injection, medications, and home exercise. Her symptoms were noted to include low back pain with bilateral lower extremity radicular symptoms. Her medications were noted to include ketoprofen, Prilosec, and Neurontin. Physical examination findings included tenderness, positive facet maneuvers, positive straight leg raising bilaterally, weakness with toe walking, decreased sensation in the posterior calves bilaterally, and diminished left greater than right ankle reflex. The treatment plan on 11/17/2014 included bilateral S1 transforaminal epidural steroid injections, continued home exercises, medication refills, and continued full time work. A request was received for evaluate and treat for 6 months with follow-up treatment plan to include 2 to 3 clinical visits and medications as needed to treat ongoing symptoms. A specific rationale for this request was not included in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluate and treat for 6 months (follow up treatment plan to include 2-3 clinic visits and medications as needed to treat ongoing symptoms): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Edition (2004), Chapter 7 - Independent Medical Examinations and Consultations, pg 127; as well as the Official Disability Guidelines (ODG) Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Office visits.

Decision rationale: According to the Official Disability Guidelines, the need for clinical office visits is individualized and should be based on patient concerns, signs and symptoms, and clinical findings. Additionally, certain medications, such as antibiotics and opioids, require frequent follow-up for management. The clinical information submitted for review indicated that the injured worker has low back pain and radicular symptoms secondary to lumbar radiculopathy. Her treatment plan includes medications, home exercise, and an epidural steroid injection. While follow-up visits will be required at specific intervals to assess for treatment efficacy, the request for nonspecific evaluation and treatment is not supported as the necessity of each evaluation and treatment should be based on clinical findings and patient concerns at that time, as well as the criteria for the specifically requested treatment. Furthermore, the request for nonspecific medications as needed cannot be supported in the absence of further details regarding the medications, including the dose, frequency, quantity, and the patient's history of use to include duration and efficacy. For the reasons noted above, the nonspecific request for evaluation and treatment to include 2 to 3 clinical visits and medications is not medically necessary.