

Case Number:	CM15-0002812		
Date Assigned:	01/13/2015	Date of Injury:	10/01/2007
Decision Date:	03/16/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/06/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61-year-old male who reported an injury on 10/01/2007. The mechanism of injury was not specifically stated. The current diagnoses include status post MLD right L3-S1 on 05/01/2012 and facet arthropathy of the lumbar spine. The injured worker presented on 11/10/2014 for a followup visit regarding ongoing lower back pain. Previous conservative treatment is noted to include medication management, chiropractic therapy, physical therapy, acupuncture, and 2 previous epidural steroid injections. Upon examination, there was a mildly antalgic gait, a well healed lumbar incision, tenderness to the L4-S1 facet regions, positive facet challenge, decreased lumbar range of motion, increased pain upon extension, intact sensation in the bilateral lower extremities, diminished motor strength in the right lower extremity, positive straight leg raise on the right at 30 degrees, and positive slump and Lasegue's test. Recommendations included a CT myelogram and a pain management followup visit. There was no Request for Authorization form submitted for this review.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303.

Decision rationale: California MTUS/ACOEM Practice Guidelines state physician followup can occur when a release to modified, increased, or full duty is needed or after appreciable healing or recovery can be expected. According to the documentation provided, the injured worker has been extensively treated with conservative management. There has been no documentation of a change in symptoms or an increase in function over time. The medical necessity for a pain management followup has not been established in this case. As such, the request is not medically appropriate.

Two month follow up visit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303.

Decision rationale: California MTUS/ACOEM Practice Guidelines state physician followup can occur when a release to modified, increased, or full duty is needed or after appreciable healing or recovery can be expected. According to the documentation provided, the injured worker has been extensively treated with conservative management. There has been no documentation of a change in symptoms or an increase in function over time. The medical necessity for a pain management followup has not been established in this case. As such, the request is not medically appropriate.