

Case Number:	CM15-0003373		
Date Assigned:	01/14/2015	Date of Injury:	07/30/2014
Decision Date:	03/23/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/07/2015

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 28-year-old female who reported an injury on 07/30/2014. The mechanism of injury occurred while the injured worker was attempting to transfer a heavy client onto the commode with assistance of another nurse when the injured worker collapsed. Her diagnoses included displacement of lumbar intervertebral disc without myelopathy, lumbar sprain/strain, and bilateral lower extremity radiculopathy. Past treatments included chiropractic care, physical therapy, back support, activity modification, and medications. On 12/17/2014, the injured worker complained of persistent pain and stiffness in the low back area radiating to the face with numbness, tingling, and coccyx pain. A physical examination revealed tenderness with decreased low range of motion in the lumbar spine. Her relevant medications were not provided for review. The treatment plan included pain management consult for possible lumbar epidural steroid injection. A rationale was not provided. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult for possible LESI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289291,Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-291. Decision based on Non-MTUS Citation low back, Office visits.

Decision rationale: The request for pain management consult for possible LESI is not medically necessary. According to the California MTUS/ACOEM Guidelines, medical histories, including a focused physical examination, are sufficient for an initial assessment of a patient complaining of potentially work related low back symptoms. In addition, an assessment is indicated to find certain red flags, suspicion of serious underlying medical conditions, or to rule out the need for special studies, referrals for inpatient care during the first 4 weeks during at which time spontaneous recovery is expected. More specifically, the Official Disability Guidelines recommend office visits for evaluation and management of outpatient visits as they play a critical role in the proper diagnosis and return to function of an injured worker and should be encouraged. However, the need for clinical office visit with a healthcare provider is individualized and based upon a review of patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The guidelines also indicate that office visits may be indicated for patients taking medications, such as opioids or certain antibiotics that require close monitoring. The injured worker was indicated to have persistent pain and stiffness in the low back with radiating symptoms. However, there was lack of documentation in regards to the injured worker's pain scale or neurological deficits. There was also lack of documentation to indicate the injured worker had conservative treatments to include physical therapy. There was also lack of documentation in regards to diagnostic studies referring to the possible lumbar epidural steroid injection for review. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.