

Case Number:	CM15-0106030		
Date Assigned:	06/10/2015	Date of Injury:	06/15/1999
Decision Date:	07/21/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/02/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 was a 56-year-old female, who sustained an industrial injury June 15, 1999. The injured worker was diagnosed with low back pain, lumbar radiculopathy with sensory and motor decrease in the left lower extremity more than the right, status post fusion L5-S1 in 25003, hiatal hernia and long history of gastrointestinal problems, left knee arthropathy, cervical spondylosis and right shoulder arthropathy, lumbago, post laminectomy syndrome and lumbosacral radiculitis. Treatment has included surgery, injections into spine, physical therapy, chiropractic therapy, psychotherapy with biofeedback, Functional Restoration Program and medications (Cymbalta, gabapentin, omeprazole, Skelaxin, buprenorphine, fentanyl Patches, clonidine patches and Celebrex with her current medications listed as Cymbalta, gabapentin, Skelaxin, Celebrex and omeprazole). According to progress note of April 23, 2015, the injured worker's chief complaint was low back pain. The injured worker was having some tingling pain down the left lower extremity to the fourth digit with numbness. The injured worker was having spasms in the low back and upper buttocks. The injured worker was having difficulty with any amount of standing, sitting and walking. The physical exam noted the injured worker walked with a mildly antalgic gait. The range of motion to the lumbar spine was greatly decreased to no more than 5 degrees of extension and 25 degrees of flexion and the lateral tilt was greatly decreased. There was tenderness with palpation of the paraspinal muscles, tenderness over the upper and lower gluteal muscles and the piriformis compartment. In the lower extremities, there was decreased motor in the left knee flexion. The sensory was decreased in the left L5 or S1 distribution. The straight leg test was positive bilaterally. The treatment plan included re-evaluation every 90 days to assess the patient's response to therapy (spinal cord stimulator).

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-evaluation every 90 days, Qty 4: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 89. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89. Decision based on Non-MTUS Citation Mailis A, Taenzer P. Evidence-based guideline for neuropathic pain interventional treatments: Spinal cord stimulation, intravenous infusions, epidural injections and nerve blocks. Pain Research & Management: The Journal of the Canadian Pain Society. 2012; 17(3):150-158.

Decision rationale: The MTUS guidance for directing re-evaluation relates to general principles of patient care. Stepping back from what is presently being done to re-assess the therapeutic effect of the present treatment is recommended. In fact, it is probably the standard of care in most medical communities. This is especially important in managing the patient who is post-surgical or who has delayed recovery and to document the patient's current state of function. However, the provider managing the case must be sure that studies recommended by this re-evaluation are clinically indicated. This patient is being given a spinal cord stimulator. Regular follow up care is important to ensure effective therapy over the long term. Thus, this request for a re-evaluation at 90-day intervals is indicated. Therefore, this request is medically necessary.