MAXIMUS Federal Services

Case Number:	CM15-0140159		
Date Assigned:	08/04/2015	Date of Injury:	09/11/2013
Decision Date:	09/04/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/20/2015

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: 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 44-year-old female, who sustained an industrial injury on 9-11-2013. The mechanism of injury was a twisting injury while lifting and moving freight. The injured worker was diagnosed as having lumbar radiculopathy, right sided sciatica, lumbar 4-5 herniated nucleus pulposus, thoracic pain and left shoulder sprain. There is no record of a recent diagnostic study. Treatment to date has included chiropractic care, acupuncture, epidural steroid injection, aquatic therapy, physical therapy and medication management. In a progress note dated 6-22-2015, the injured worker complains of low back pain with right leg numbness. Physical examination showed lumbar and thoracic tenderness and lumbar decreased range of motion. The injured worker has a micro-lumbar 4-5 decompression scheduled for 6-30-2015. The treating physician is requesting Pain management follow up and general orthopedic follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management follow-up: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

Decision rationale: The patient presents on 06/22/15 with lumbar spine pain which radiates into the bilateral lower extremities, and associated numbness and tingling of the affected limbs. The patient's date of injury is 09/11/13. Patient is status post lumbar ESI's at dates unspecified, as of most recent progress note is scheduled to undergo lumbar decompression surgery on 06/30/15. The request is for pain management follow-up. The RFA was not provided. Physical examination dated 06/22/15 reveals tenderness to palpation of the thoracic and lumbar spine regions, reduced sensation on the lateral aspect of the right foot and leg, and positive straight leg raise on the right side. The patient's current medication regimen is not provided. Diagnostic imaging included lumbar MRI dated 11/06/13, significant findings include: "At L4-L5 level there is a 5mm central disc protrusion which results in mild spinal canal stenosis and mild impingement of the bilateral L5 nerves mild bilateral neural foraminal narrowing at L5-S1 due to facet arthropathy." Patient's current work status is not provided. Regarding follow-up visits, MTUS guidelines page 8 has the following: The physician treating in the workers' compensation system must be aware that just because an injured worker has reached a permanent and stationary status or maximal medical improvement does not mean that they are no longer entitled to future medical care. The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. In this case, the treating physician is requesting a follow-up visit with a pain specialist to monitor this patient's continuing lower back pain. As of the most recent progress note provided, this patient is scheduled to undergo lumbar decompression surgery, which will likely require pain specialist consultation during the convalescent period. A follow up visit is a reasonable measure and the provider is justified in seeking regular re-assessments to ensure the effectiveness of any medical interventions. Therefore, the request is medically necessary.

General orthopedic follow-ups: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

Decision rationale: The patient presents on 06/22/15 with lumbar spine pain which radiates into the bilateral lower extremities, and associated numbness and tingling of the affected limbs. The patient's date of injury is 09/11/13. Patient is status post lumbar ESI's at dates unspecified, as of most recent progress note is scheduled to undergo lumbar decompression surgery on 06/30/15.

The request is for general orthopedic follow-up. The RFA was not provided. Physical examination dated 06/22/15 reveals tenderness to palpation of the thoracic and lumbar spine regions, reduced sensation on the lateral aspect of the right foot and leg, and positive straight leg raise on the right side. The patient's current medication regimen is not provided. Diagnostic imaging included lumbar MRI dated 11/06/13, significant findings include: "At L4-L5 level there is a 5mm central disc protrusion which results in mild spinal canal stenosis and mild impingement of the bilateral L5 nerves mild bilateral neural foraminal narrowing at L5-S1 due to facet arthropathy." Patient's current work status is not provided. Regarding follow-up visits, MTUS guidelines page 8 has the following: The physician treating in the workers' compensation system must be aware that just because an injured worker has reached a permanent and stationary status or maximal medical improvement does not mean that they are no longer entitled to future medical care. The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. In this case, the treating physician is requesting a follow-up visit with an orthopedic specialist to monitor this patient's continuing lower back pain after surgery. As of the most recent progress note provided, this patient is scheduled to undergo lumbar decompression surgery, which will likely require additional evaluation during the convalescent period. A follow up visit is a reasonable measure and the provider is justified in seeking regular re-assessments to ensure the effectiveness of any medical interventions. Therefore, the request is medically necessary.