

Case Number:	CM15-0184718		
Date Assigned:	09/25/2015	Date of Injury:	04/23/2013
Decision Date:	11/06/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/21/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 is a 35-year-old female, with a reported date of injury of 04-23-2013. The diagnoses include lumbar and lumbosacral degenerative disc disease with disc-osteophyte complex and herniated nucleus pulposus, impinging on the left L4 and left L5 nerve roots, lumbar radiculopathy at bilateral L4 and L5, and chronic lumbar pain. Treatments and evaluation to date have included Norco, Naproxen, epidural steroid injections, physical therapy, acupuncture, and Tizanidine. The diagnostic studies to date have included an MRI of the lumbar spine on 06-29-2015, which showed moderate levoconvex scoliosis of the thoracolumbar spine centered at L2, disc desiccation at L4-5 with broad-based left-sided bulge present with tear within the posterior central portion of the disc, moderate to severe left neural foraminal narrowing, and bilateral facet arthrosis at L5-S1. The progress report dated 08-04-2015 is handwritten and somewhat illegible. The injured worker had a discectomy and facetectomy at L4-5 with temporary relief. The objective findings include positive straight leg raise test at 60 degrees, +2 deep tendon reflexes, flexion at 70 degrees, extension at 20 degrees, lateral bend at 20 degrees, and decreased sensation. The injured worker has been instructed to remain off work until 08-25-2015. The request for authorization was dated 08-03-2015. The treating physician requested a follow-up consultation related to the lumbar spine injury. On 08-18-2015, Utilization Review (UR) non-certified the request for a follow-up consultation related to the lumbar spine injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up consultation related to lumbar spine injury: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7-Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Low Back Complaints 2004, Section(s): Follow-up Visits, Physical Examination, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Office Visit.

Decision rationale: ODG states concerning office visits "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible". ACOEM additionally states concerning low back complaints: "Assessing Red Flags and Indications for Immediate Referral Physical-examination evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for immediate consultation. The examination may further reinforce or reduce suspicions of tumor, infection, fracture, or dislocation. A history of tumor, infection, abdominal aneurysm, or other related serious conditions, together with positive findings on examination, warrants further investigation or referral. A medical history that suggests pathology originating somewhere other than in the lumbosacral area may warrant examination of the knee, hip, abdomen, pelvis or other areas." The treating physician does fully detail what will be addressed at the requested consultation. The patient is considering surgery and is following up from July with the specialist. As such, the request for follow up consultation related to lumbar spine injury is medically necessary at this time.