

Case Number:	CM15-0186564		
Date Assigned:	09/28/2015	Date of Injury:	05/26/2006
Decision Date:	11/06/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/22/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 62 year old male who sustained an industrial injury on 5-26-2006. A review of medical records indicates the injured worker is being treated for lumbago, chronic pain syndrome, and facet syndrome. Medical records dated 8-26-2015 noted low back and bilateral lower extremity pain. He rates his pain an 8-9 out of 10 to the low back, right knee, left posterior thigh, bilateral feet, and left wrist. With medication pain is 6 out of 10. It is noted medications enhance their ability to perform activities of daily living. There are no intolerable adverse effects from medications. Physical examination dated 8-26-2015 noted restricted range of motion to the lumbar spine. On palpation, paravertebral muscles, is noted on both sides. Spinous process tenderness was noted on L4-L5. Treatment has included Norco, flexeril, tramadol, ibuprofen, Lidocaine ointment, and injection. MRI of the lumbar spine dated 7-27-2015 revealed anterior and posterior decompression and fusion at L4-5 and L5-S1. Utilization review form dated 9-16-2015 modified 3 monthly follow up visits with pain management specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 monthly follow up visits with pain management specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, Page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: The request is not medically necessary. As per the MTUS guidelines, "referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty in obtaining information or agreement to treatment plan". The patient was being treated for lumbago, chronic pain, and facet syndrome without improvement. With delayed recovery, it is reasonable to see a pain management specialist. However, it is not necessary to authorize three visits without knowing if the patient improves after one visit. Therefore, the request as stated is not medically necessary.