

Case Number:	CM15-0187239		
Date Assigned:	09/29/2015	Date of Injury:	09/20/2012
Decision Date:	11/09/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/23/2015

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:

This is a 53-year-old female with a date of industrial injury 9-20-2012. The medical records indicated the injured worker (IW) was treated for chronic low back pain and possible posterior element pain. In the 8-5-15 progress notes, the IW reported lower back pain with pain involving the back of the right leg to the level of the knee, rated 4 out of 10. Her pain diary reflected her pain level prior to her injections (7-14-15) was up to 8 out of 10 and was decreased to 4.5 out of 10 for the first few hours after the injection. Medications included Tramadol. Objective findings on 7-6-15 and 8-5-15 included "some decreased range of motion of the lumbar spine secondary to pain" and tenderness and spasm of the lumbar paraspinals. Sensation was intact over all dermatomes in the lower extremities, reflexes were 2+ at the knees and ankles, bilaterally and symmetric. Motor strength was 5 out of 5 of all muscle groups tested in the lower extremities, slightly improved from her 7-6-15 exam. Babinski's sign was absent and there was no evidence of clonus. The IW was unable to work. Treatments included medial branch blocks at the bilateral L4-5 and L5-S1 levels (7-14-15, negative result, per the treating provider) and physical therapy (remained symptomatic). A Request for Authorization dated 9-11-15 was received for a referral to specialist for evaluation and treatment. The Utilization Review on 9-18-15 modified the request for a referral to specialist for evaluation and treatment to allow evaluation only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refer to specialist, evaluation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

Decision rationale: Review indicates the request for a referral to specialist for evaluation and treatment was modified to allow for evaluation only. Guidelines state follow-ups and treatment are determined to be medically necessary and play a critical role in the proper diagnosis and treatment based on the patient's concerns, signs and symptoms, clinical stability along with monitoring of medications. Determination of necessity requires individualized case review and assessment with focus on return to function of the injured worker. Submitted reports have not adequately demonstrated acute symptoms or red flag conditions and clinical findings to allow for continued arbitrary follow-up intervention and care and future care and unspecified treatment cannot be predetermined as assessment should be made according to presentation and clinical appropriateness. The patient continues to treat for chronic symptoms without any acute flare, new injury, or progressive deterioration to predict future outcome; undetermined quantity of treatment is not medically indicated for this chronic 2012 injury. The Refer to specialist, evaluation and treatment is not medically necessary and appropriate.