

Case Number:	CM15-0194495		
Date Assigned:	10/08/2015	Date of Injury:	08/08/2013
Decision Date:	11/16/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	10/02/2015

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: 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 34-year-old male, who sustained an industrial injury on 8-8-2013. The injured worker is undergoing treatment for: lumbar disc displacement without myelopathy, and sciatica. On 6-2-15 and 7-6-15, he reported pain to the low back, left knee, left ankle and foot, and left hip. He indicated the pain was aggravated with standing and walking. He also indicated the pain to radiate down his entire left leg, and associated numbness and tingling over the ankle and foot. Physical findings revealed spasm and tenderness in the lumbar, trigger point to the left piriformis muscle, positive Kemp's and Yeoman's testing bilaterally, positive Braggard's on the left, decreased left patellar and Achilles reflexes, and decreased right Achilles reflex. The provider made a notation of failure of conservative therapy; however, this is not discussed in the report. The treatment and diagnostic testing to date has included: magnetic resonance imaging of the lumbar spine (date unclear) reported as revealing disc protrusion with moderate stenosis; electrodiagnostic studies (date unclear) reported as revealing L5 radiculopathy. Current work status: restricted. The request for authorization is for: one initial pain management consultation (x6), related to low back pain. The UR dated 8-31-2015: non-certified the request for one initial pain management consultation (x6), related to low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 initial pain management consultations related to low back pain: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, and Low Back Complaints 2004, Section(s): Follow-up Visits.

Decision rationale: Guidelines state office visits and follow-ups 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 including opiates. 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 with multiple visits 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; Pre-determined quantity of 6 follow-up visits is not medically indicated for this chronic 2013 injury. The 6 initial pain management consultations related to low back pain is not medically necessary and appropriate.