

Case Number:	CM15-0197477		
Date Assigned:	10/12/2015	Date of Injury:	06/15/2004
Decision Date:	11/30/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/07/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 46-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 15, 2004. In a Utilization Review report dated July 29, 2015, the claims administrator failed to approve a request for an "abscess scan." The claims administrator referenced a September 24, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 24, 2015, the applicant reported ongoing complaints of low back pain. The applicant was reportedly doing well on his current medication regimen, which included Norco, OxyContin, Cymbalta, Neurontin, Elavil, Viagra, tizanidine, and Lunesta. The applicant had undergone an earlier lumbar spine surgery, it was reported. The applicant had a history of an earlier left thigh abscess/infection. There was no mention of the applicant's having an active such infection on this date. The claims administrator's medical evidence log suggested that the August 24, 2015 office visit in fact represent the most recent note on file; thus, the September 24, 2015 office visit which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abscess Scan: Upheld

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Summary.

Decision rationale: No, the request for an "abscess scan" was not medically necessary, medically appropriate, or indicated here. The request in question was seemingly analogous to a bone scan. While the MTUS Guideline in ACOEM Chapter 13, Algorithm 13-1, page 348 notes that a bone scan and, by analogy, the abscess scan in question, can be considered in younger applicants with symptoms of suspected infection, here, however, there was no mention of the applicant's having an active such abscess or infection present on the most recent office visit on file dated August 24, 2015. While it is acknowledged that the September 24, 2015 office visit, which the claims administrator based its decision upon, was not incorporated into the IMR packet, the historical information on file failed to support or substantiate the request. Therefore, the request was not medically necessary.