

Case Number:	CM15-0199186		
Date Assigned:	10/14/2015	Date of Injury:	07/13/2010
Decision Date:	11/23/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/09/2015

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: Arizona, California
 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 42-year-old male who sustained an industrial injury on 7-13-10. The injured worker reported spine pain. A review of the medical records indicates that the injured worker is undergoing treatments for L2-3 and L4-5 neuroforaminal narrowing, L2-3, L3-4 and L5-S1 disc protrusions, lumbar spine radicular pain, lumbar spine pain syndrome and lumbar spondylosis. Medical records dated 8-28-15 indicate lumbar spine pain described as "achy, sharp and stiff" rated at 5 out of 10. Provider documentation dated 8-28-15 noted the work status as may work with restrictions. Treatment has included home exercise program, therapy, Tramadol since at least January of 2015, Tizanidine since at least January of 2015, and Norco since at least February of 2015. Objective findings dated 10-5-15 were notable for non-antalgic gait, decreased range of motion and "mildly positive paraspinal tenderness to percussion." The original utilization review (9-11-15) denied a request for 1 Pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pain management consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) office visits and pg92low back chapter and pg 36.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. 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. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the claimant's exam is unchanged for several months. There is no indication of a complex diagnosis. The claimant is noted to have a diagnosis of clinical radiculopathy. Facet injections are not indicated when there is radiculopathy. Therefore, the pain consult for facet injections is not medically necessary.