

Case Number:	CM15-0204197		
Date Assigned:	10/21/2015	Date of Injury:	07/03/2012
Decision Date:	12/02/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/17/2015

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 61 year old individual who sustained an industrial injury on 7-3-2012. A review of medical records indicates the injured worker is being treated for intractable lumbar pain, lumbar radiculopathy, and history of bilateral knee surgeries with chronic pain. Medical records dated 7-22-2015 noted exacerbation of her back and lower extremity symptoms even though the current medication has been beneficial especially Norco 10mg. Her back complaints limit her activities of daily living. Physical examination noted tenderness and spasm of the lumbar spine with decreased range of motion. There was guarding on palpation. There was no lower extremity edema or swelling. Treatment has included Norco, physical therapy, and injections. Utilization review form noncertified pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations; Official Disability Guidelines (ODG-TWC), Low Back - Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) office guidelines and pg 92.

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 reason for referral or specific intervention was not substantiated. There is no mention of the complex nature that requires the consultation. The pain management consultation is not medically necessary.