

Case Number:	CM15-0210024		
Date Assigned:	10/30/2015	Date of Injury:	10/30/2014
Decision Date:	12/11/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/26/2015

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: North Carolina

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 33 year old male who sustained an industrial injury on 10-30-2014. On 08-21-2015, the injured worker was seen by pain management. Chief complaints included cervical pain radiating to the bilateral shoulders and mid and lower back pain. Lower back pain radiated to the bilateral hips and left lower extremity. Pain intensity was rated 6 out of 10 and could increase to 8. Lower back pain was described as shooting, aching and numb. Cervical and bilateral shoulder pain was described as shooting and aching. Gait was non antalgic. He was able to perform a toe walk and heel walk. Pain was reported with side bending toward the right and left at 10 degrees. Myospasms with myofascial trigger points and referred pain with twitch response along the bilateral paraspinal right greater than left was noted. There was pain with facet loading on the right. There was pain with palpation along the lumbosacral facets on the right. Sensation was diminished along the bilateral L5 and S1 distributions. Pain with facet load testing on the right was noted. Weakness with left flexion on the right lower extremity was noted. Straight leg raise was positive on the left at 35 with lower back pain and radicular pain in a seated position. Straight leg raise was positive on the right at 50 with lower back pain and reproduced lower extremity pain on the right. Assessment included multilevel lumbar disc bulges with facet arthropathy, lumbar radiculopathy, myospasms with myofascial trigger points and referred pain with twitch response right greater than left and status post umbilical hernia surgery on 01-07-2015. MRI of the lumbar spine revealed L5-S1: a 3 mm focal central disc protrusion which was causing mild compression of the thecal sac without causing central spinal canal stenosis. Mild facet joint hypertrophy was noted. At L4-5 there was a 2 mm diffuse disc bulge extending to the foraminal location bilaterally. There was indenting the thecal sac without causing any central or nerve root canal stenosis. Mild hypertrophy of the ligamentum flavum was noted. At L3-4 there

was a 1-2 mm disc bulge. At L2-3 there was a 1-2 mm disc bulge. The treatment plan included bilateral L5-S1 transforaminal lumbar epidural steroid injection, continuation of medications and regular follow up visits with primary treating physician. Follow up was indicated in 1 month. On 09-16-2015, the primary treating physician requested authorization for pain management visits provided on dates of service 2-24-15, 3-24-15, 4-21-15, 6-2-15, 6-23-15, 8-25-15 and 9-15-15. On 09-24-2015, Utilization Review non-certified the request for retrospective review for pain management visits provided on dates of service 2-24-15, 3-24-15, 4-21-15, 6-2-15, 6-23-15, 8-25-15 and 9-15-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for pain management visits provided on dates of service 2/24/15, 3/24/15, 4/21/15, 6/2/15, 6/23/15, 8/25/15, and 9/15/15: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) medical reevaluation.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG, states follow up medical visits are based on medical necessity and the patient's progress, symptoms and ongoing complaints. The patient does have ongoing complaints and symptoms associated with the cervical neck. Therefore, the request is medically necessary.