

Case Number:	CM15-0036855		
Date Assigned:	03/05/2015	Date of Injury:	10/09/2013
Decision Date:	04/14/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/27/2015

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, Arizona
 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 53-year-old male who reported an injury on 10/09/2013. The mechanism of injury involved heavy lifting. The current diagnoses include lumbar disc herniation, lumbar sprain, thoracic sprain, lumbar neuritis, cervical sprain, and sacral sprain. The injured worker presented on 01/28/2015 for a follow up evaluation. Upon examination, there was positive bilateral shoulder depression test, positive bilateral maximal foraminal compression test, positive cervical distraction test, positive Yeoman's and Kemp's test, positive bilateral straight leg raise, positive bilateral Braggard's test, positive bilateral Patrick's/fabere test, positive Minor's sign and Valsalva maneuver, limited cervical and lumbar flexion, and grimacing with orthopedic testing. Recommendations at that time included a referral for pharmacological management once per month for 2 months, periodic/random urinalysis testing, laboratory testing to evaluate liver and kidney status, and a psychiatric consultation. A Request for Authorization form was then submitted on 01/29/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacological Management, once per month for 2 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303.

Decision rationale: California MTUS/ACOEM Practice Guidelines state physician following can occur when a release to modified, increased, or full duty as needed or after appreciable healing or recovery can be expected. In this case, the requesting provider failed to indicate exactly which medications the injured worker is currently utilizing. There was no indication of a failure of a previous urine toxicology report. The medical necessity for monthly follow up visit has not been established in this case. Therefore, the request is not medically appropriate at this time.