

Case Number:	CM15-0042052		
Date Assigned:	03/12/2015	Date of Injury:	05/15/2007
Decision Date:	04/16/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/05/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 41-year-old female, who sustained an industrial injury on 5/15/2007. She reported a trip and fall after exiting a van. The injured worker was diagnosed as status post lumbar 5 to sacral 1 fusion and lumbar radiculopathy. Treatment to date has included physical therapy, home exercise, lumbar support, epidural steroid injection, and intrathecal pain pump and medication management. Currently, a progress note from 1/29/2015, the treating provider indicates the injured worker reported back pain that radiated to the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing care with pain management specialist for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, page 127.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, ongoing care and pain management specialist the lumbar spine is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates; for certain, antibiotics require close monitoring. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case review and reassessment 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. In this case, the injured worker's working diagnoses are status post lumbar fusion (2008); adjacent segment disease L4 & L5; chronic mid back pain; lumbar radiculopathy; and status post intrathecal morphine pump placement in 2012. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. There is no documentation of acute change in pain management, including intrathecal pain pump maintenance/administration or prescription-based medications. The injured worker has chronic pain and has received extensive conservative care with no documentation reflecting a recent change in symptoms or clinical signs. Consequently, absent clinical documentation reflecting a significant change in symptoms and/or clinical signs, a change in pain management, ongoing care and pain management specialist consultation to the lumbar spine is not medically necessary.

Bone scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back, Bone Scan.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Bone scan.

Decision rationale: Pursuant to the Official Disability Guidelines, bone scan is not medically necessary. Both scans are not recommended except for bone infection, cancer or arthritis. Bone scans use intravenous administration of tracer medications to show radioactive uptake to detect metastases, infection, inflammatory arthropathies, significant fracture or other significant bone trauma. In this case, the injured worker's working diagnoses are status post lumbar fusion (2008); adjacent segment disease L4 & L5; chronic mid back pain; lumbar radiculopathy; and status post intrathecal morphine pump placement in 2012. Bone scans are indicated/recommended for bone

infection, cancer or arthritis. The injured worker had a prior lumbar fusion. A bone scan to rule out pseudo-arthrosis is an inappropriate indication for a bone scan. The appropriate test is a computed tomography scan. Consequently, absent clinical documentation with an appropriate clinical indication and rationale for a bone scan, bone scan is not medically necessary.

Follow up visit in 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

Decision rationale: Pursuant to the Official Disability Guidelines, follow-up visit eight weeks is not medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case review and reassessment 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. In this case, the injured worker's working diagnoses are status post lumbar fusion (2008); adjacent segment disease L4 & L5; chronic mid back pain; lumbar radiculopathy; and status post intrathecal morphine pump placement in 2012. The documentation indicates the injured worker has a history of chronic pain and has received extensive conservative care. There is no documented (recent) change in the injured worker's symptoms or objective signs. There is no clinical indication for an eight-week follow-up. There is no clinical indication or rationale for an 8-week follow up visit. Consequently, absent clinical documentation with a clinical indication/rationale for an eight-week follow-up, follow-up visit eight weeks is not medically necessary.