MAXIMUS Federal Services

Case Number:	CM15-0054350		
Date Assigned:	03/27/2015	Date of Injury:	12/07/2012
Decision Date:	05/04/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/23/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 30 year old male, who sustained an industrial injury on 12/07/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having an active left lumbar five radiculopathy, large left-sided disc protrusion at lumbar four to five, and left ankle sprain of compensatory consequence of left lumbar five radiculopathy. Treatment to date has included medication regimen, magnetic resonance imaging, and exercises. In a progress note dated 01/08/2015 the treating provider reports complaints of low back pain that radiates to the left lower extremity with left lower extremity weakness, numbness, and instability. The treating physician also reported tenderness to the lower lumbar paravertebral musculature and a positive straight leg raise on the left. The treating physician requested a re-evaluation and treatment by surgeon noting that the injured worker will possibly require a microdiscectomy and microlaminectomy to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-evaluation and treatment for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Office visits.

Decision rationale: Re-evaluation and treatment for the lumbar spine is not medically necessary as written per the MTUS and the ODG Guidelines. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Although a request for the re-evaluation is reasonable given the patient's left lower extremity pain and radiating back pain, which are less consistent with pirformis syndrome, the request as written asks for treatment for the lumbar spine. This cannot be certified without clear indication of what this treatment will be. Therefore, this request is not medically necessary.