

Case Number:	CM15-0056894		
Date Assigned:	04/01/2015	Date of Injury:	05/29/2009
Decision Date:	05/01/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/25/2015

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: Internal Medicine, Rheumatology

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 34-year-old female injured worker suffered an industrial injury on 05/29/2009. The diagnoses included lumbar fusion, degeneration of lumbar disc, depression, bilateral lumbar radiculopathy, chronic regional pain syndrome, bilateral leg weakness. The injured worker had been treated with medications. On 3/17/2015, the treating provider reported the pain recently exacerbated and has persisted 8 to 9/10 on the right lower back greater than the left. There were spasms and tenderness of the lumbar spine with exquisite pain in the right trochanter of hip. The treatment plan included Retrospective emergency visit with a pain management specialist (lumbar) for DOS 3/17/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective emergency visit with a pain management specialist (lumbar) for DOS

3/17/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Demand for emergency health service: factors associated with inappropriate use. Carret ML, Fassa AG, Kawachi I. BMC Health Serv Res. 2007 Aug 18; 7:131. Last updated 08/18/2007.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300-301.

Decision rationale: This 34 year old female has complained of low back pain since date of injury 5/29/09. She has been treated with lumbar spine surgery, physical therapy and medications. The current request is for retrospective emergency visit with a pain management specialist (lumbar) for DOS 3/17/2015. There is no documentation in the available medical records of neurologic symptoms, physical exam findings or functional impairments indicating that an emergency visit with a pain management specialist (lumbar) was medically necessary. On the basis of the available medical records and per the MTUS guidelines cited above, retrospective emergency visit with a pain management specialist (lumbar) for DOS 3/17/2015 is not indicated as medically necessary.