

Case Number:	CM15-0085770		
Date Assigned:	05/07/2015	Date of Injury:	04/11/2014
Decision Date:	06/11/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/04/2015

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: Ohio, North Carolina, Virginia
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 a 40 year old male, who sustained an industrial injury on April 11, 2014. He reported falling from a ladder sustaining an injury to the lumbar spine and left hip. The injured worker was diagnosed as having lumbago, sciatica, lumbar radiculitis, lumbar spine herniated disc, lumbosacral spine herniated disc, lumbar spine disc degeneration, and lumbar spine disc disorder with myelopathy. Treatment to date has included MRIs, bracing, physical therapy, pool therapy, physical therapy, epidural steroid blocks, acupuncture, chiropractic treatments, x-rays, TENS, and medication. Currently, the injured worker complains of persistent back pain, radiating down to the left leg with numbness and weakness. The Treating Physician's report dated January 21, 2015, noted the injured worker with tenderness to palpation of the bilateral paraspinal musculatures of the lumbar spine without spasms, tenderness over the lumbar spinous processes, interspinous ligaments, and facet joints. Lumbar facet test was noted to be negative on the right and positive on the left side, with grade 3-4/5 muscle weakness in the left lower extremity in a dermatomal pattern. The treatment plan was noted to include re-requests for authorizations for a lumbar epidural steroid injection (ESI), percutaneous spinal nerve root injections, and a two year gym membership, with medical clearance for the injured worker's hypertension from an internist for the noted procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with an Internist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd Edition, 2004, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back chapter, Office visits section.

Decision rationale: In this instance, the injured worker has a family history of hypertension and has been noted on several office visits to have moderately elevated blood pressure. Per the Official Disability Guidelines, office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. 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. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, 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. While a potential diagnosis of hypertension does not likely have industrial causality in this case, the clinical stability of this injured worker's potential hypertension is a concern for the requested lumbar epidural steroid injection(s) and gym membership. Therefore, a consultation with an internist is medically necessary and appropriate prior to these proposed interventions.