

Case Number:	CM15-0089707		
Date Assigned:	05/14/2015	Date of Injury:	09/08/2012
Decision Date:	06/17/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/11/2015

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: Texas, California
 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 47 year old male, who sustained an industrial injury on 9/08/2012. He reported a motor vehicle accident. Diagnoses include chronic low back pain, degenerative disc disease, facet disease, and disk extrusion. Treatments to date include medication therapy, physical therapy, a TENS unit, epidural steroid injections and radiofrequency ablation. Currently, he complained of low back pain with muscle spasms. There was a radiofrequency ablation one month prior reported to be ineffective in relieving pain. Prior facet injections administered in September 2014 were documented to be greatly effective. On 3/24/15, the physical examination documented palpable muscle spasms in the lower lumbar region over the crest of iliac and upper buttocks regions. There was decreased range of motion and tenderness over the facet joints. Decreased sensation of the left thigh and down right groin areas was noted. The plan of care included continuation of medication therapy, a request for authorization of trigger point injections and a request for follow up visits. This request was for re-evaluation at 90 day intervals with a pain specialist, unspecified number of visits. This request was modified to allow two follow up visits for re-evaluation with a pain specialist. The patient has had MRI of the low back on 3/23/13 that revealed disc bulge with foraminal narrowing. Patient has received 8 acupuncture visits for this injury. The medication list include Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-evaluation at 90 intervals with pain specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: Request: Re-evaluation at 90 intervals with pain specialist. MTUS Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, IME and consultations. Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Physical examination of the right knee revealed stable to varus and valgus stress test and negative Lachman, anterior drawer and posterior drawer test. Presence of any psychosocial factors was not specified in the records provided. Any plan or course of care that may benefit from the pain management consultation was not specified in the records provided. This request was for re-evaluation at 90 day intervals with a pain specialist, unspecified number of visits. The patient status after the first follow up visit was not specified in the records provided. The exact number of the follow up visits was not specified in the records provided. The above request is not medically necessary.