

Case Number:	CM15-0242956		
Date Assigned:	12/22/2015	Date of Injury:	10/24/2006
Decision Date:	01/25/2016	UR Denial Date:	11/18/2015
Priority:	Standard	Application Received:	12/14/2015

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 73 year old female who sustained an industrial injury on 10-24-06. The injured worker was diagnosed as having post laminectomy syndrome with L4-5 left-sided sacroiliitis; progressive discogenic collapse worsening left lower extremity radiculopathy. Treatment to date has included status post L4-5 left-sided laminectomy-discectomy; physical therapy; medications. Currently, the PR-2 notes dated 10-19-15 indicated the injured worker presents for a follow-up evaluation for ongoing lower back pain. She has been waiting for authorization of transdermal creams which she reports as helpful and requests a refill of the medication. The provider documents On examination, focally tender at the right superior iliac crest, right sciatic notch, right sacroiliac joint, positive FABER, positive Gaenslen's, positive straight leg raise on the right and motor strength is otherwise intact. He notes the injured worker is a Status post L4-L5 left-sided laminectomy discectomy with progressive discogenic collapse and progressively worsening left lower extremity radiculopathic pain; postlaminectomy syndrome L4-L5 and left-sided sacroiliitis. His treatment plan recommends a follow-up evaluation and treatment by a pain management specialist. A Request for Authorization is dated 12-19-15. A Utilization Review letter is dated 11-18-15 and non-certification for Follow-up Evaluation and treatment by pain management specialist for the lumbar spine. A request for authorization has been received for Follow-up Evaluation and treatment by pain management specialist for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up Evaluation and treatment by pain management specialist for the lumbar spine:
Upheld

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

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

Decision rationale: Follow-up Evaluation and treatment by pain management specialist for the lumbar spine is not medically necessary per the MTUS ACOEM 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. The documentation is not clear on the need for a pain management follow up and evaluation. The request for "treatment" cannot be certified without clarification of what specific treatments are being requested. The request for a follow up evaluation and treatment are not medically necessary.