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| Case Number: | CM14-0154712 | | |
| Date Assigned: | 09/24/2014 | Date of Injury: | 03/07/2004 |
| Decision Date: | 07/14/2015 | UR Denial Date: | 08/28/2014 |
| Priority: | Standard | Application Received: | 09/22/2014 |

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: Arizona, 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 female, who sustained an industrial injury on March 7, 2004, incurring low back injuries after heavy lifting. She was diagnosed with thoracic spondylosis without myelopathy, radiculopathy, and lumbar degenerative disc disease. Treatments included physical therapy, heat, anti-inflammatory drugs, topical analgesic pain patches, spinal injections, pain medications, muscle relaxants and work restrictions. Currently, the injured worker complained of chronic, persistent low back pain that radiated down into the right lower leg and calf with numbness of the heel and foot. Her pain level was rated 10 out of 10 on a pain scale from 0 to 10. The treatment plan that was requested for authorization included continued pain management to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Pain Management (unspecified duration) to Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain guidelines and office visits and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. 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. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. In this case, the claimant had received prior ESI and medications for back pain. Although there was persistent pain, the request for continued pain mgmt without specified need for intervention is not justified. Therefore the request is not medically necessary.