

Case Number:	CM14-0203979		
Date Assigned:	12/16/2014	Date of Injury:	10/15/2010
Decision Date:	03/05/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/05/2014

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 patient is a 49 year old female who sustained a work related lifting injury to her back while employed as a clerk on October 15, 2010. The injured worker is diagnosed with lumbago with radiculopathy, sacral radiculopathy, L3-L4 degenerative disc disease and SI joint pain. No surgical interventions were documented. According to the primary treating physician's progress report on August 14, 2014 the injured worker was re-evaluated for continued back pain. The patient experiences aching, stiffness, and throbbing back pain with numbness, weakness and pain radiating to both legs. The lumbar spine demonstrated flexion at 60 degrees, extension at 20 degrees, lateral bending to the right and left at 30 degrees each. Positive straight leg raise on the right at 40 degrees with radiculopathy down the right leg and negative on the left. Current medications consist of Norco. The injured worker received past treatment modalities consisting of rest, conservative measures, chiropractic therapy, physical therapy and narcotics. The injured worker is Permanent & Stationary (P&S). The physician requested authorization for a Consultation. On November 25, 2014 the Utilization Review denied certification for the Consultation due to the lack of documentation indicating the reason for the request and the anticipated expectation. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) regarding Independent Medical Examinations and Consultations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Utilization Schedule (MTUS) 2009: ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 127 regarding Independent Medical Examinations and Consultations

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Office Visits

Decision rationale: ODG states, "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."The treating physician has not provided documentation as to what type of referral is being requested, why a referral is necessary at this time, or detailed the specialty of "Dr. [REDACTED]". As such, the request for Consultation is not medically necessary at this time.