

Case Number:	CM14-0206158		
Date Assigned:	12/18/2014	Date of Injury:	04/25/2007
Decision Date:	06/08/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/09/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old female, who sustained an industrial injury on April 25, 2007. She reported that while lifting a bucket of water to empty it into the sink, she felt pain and discomfort in her back. The injured worker was diagnosed as having failed back surgery syndrome, lumbar radiculopathy, sacroiliac joint arthropathy right side, and failed trial of spinal cord stimulator. Treatment to date has included lumbar surgeries, psychological therapy, epidural steroid injection (ESI), polysomnogram, trial of spinal cord stimulator, and medication. Currently, the injured worker complains of pain in the lower back that radiates to the legs and pain in her right shoulder. The Secondary Treating Physician's report dated May 29, 2014, noted the injured worker reported taking Tylenol #3 two times a day as needed, and using topical compounds, with the severity of pain without pain medication 7/10, and with the help of medication it went down to 3/10. The physical examination was noted to show the injured worker's gait slightly antalgic, with paravertebral muscle spasm and tenderness in the lower lumbar region, tenderness over the right posterior superior iliac spine, Patrick's test positive on the right side, and straight leg raise positive bilaterally. The treatment plan was noted to include a home exercise program (HEP), continued use of Tylenol #3 and topical compounds, and requests for authorization for a lumbar spine MRI, and an x-ray series of the lumbar spine and hip area.

IMR ISSUES, DECISIONS AND RATIONALES

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

STP follow up evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7- Independent Medical Examinations and Consultations, page 127.

Decision rationale: Guidelines state office visits and follow-ups are determined to be medically necessary and play a critical role in the proper diagnosis and treatment based on the patient's concerns, signs and symptoms, clinical stability along with monitoring of medications including opiates. Determination of necessity requires individualized case review and assessment with focus on return to function of the injured worker. Submitted reports have not adequately demonstrated acute symptoms or red flag conditions and clinical findings to allow for continued arbitrary follow-up intervention and care and future care with unspecified visits cannot be predetermined as assessment should be made according to presentation and clinical appropriateness. The patient continues to treat for chronic symptoms without any acute flare, new injury, or progressive deterioration to predict future outcome and follow-up visits is not medically indicated for this chronic injury. The STP follow up evaluation is not medically necessary and appropriate.