

Case Number:	CM14-0211349		
Date Assigned:	12/24/2014	Date of Injury:	03/26/2013
Decision Date:	02/27/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/17/2014

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: Internal 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 patient is an injured worker with a history of chronic lumbar back pain. The date of injury was 03/26/2013. The mechanism of injury reportedly occurred when the patient was lifting a box injuring his lower back and lower extremity. His diagnoses included displacement of the lumbar intervertebral disc without myelopathy. Medications were noted to include Flexall topical analgesic. Electrodiagnostic studies dated 03/06/2014 noted to reveal normal study. The MRI magnetic resonance imaging of the lumbar spine dated 04/29/2013 noted to reveal disc desiccation from L3-S1. At L3-4 there was a 1 mm annular disc bulge. At L4-5 there was a 3 mm right paracentral disc protrusion and at L5-S4 there was a 2 mm disc bulge. The clinical note dated 10/14/2014 indicates that patient presented with lumbar back pain, radiating into the right leg and denies weakness or numbness. The physician indicates that patient previously underwent an epidural steroid injection with only mild improvement. The lumbar spine range of motion revealed full active range of motion, sensation intact to light touch, and motor strength rated to be 5/5 throughout. Reflexes were noted at 2+ bilaterally and the patient presented with negative straight leg raise bilaterally. Treatments have included lumbar corset brace. Utilization review determination date was November 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up Visit after LESI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Low Back, Office Visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition (2004), Chapter 7, Independent Medical Examiner, Page 127, Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Office visits

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. Official Disability Guidelines (ODG) indicates that office visits are recommended as determined to be medically necessary. The medical records document chronic lumbar back pain. The utilization review determination letter dated November 11, 2014 documented that the requested LESI lumbar epidural steroid injection had not been certified. Because the epidural steroid injection is non-certified, the request for a follow-up office after LESI is not necessary. Therefore, the request for Follow up Visit after LESI is not medically necessary.