

Case Number:	CM14-0217360		
Date Assigned:	01/07/2015	Date of Injury:	04/03/2012
Decision Date:	03/04/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/29/2014

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This employee is a 43 year old female with date of injury of 4/3/2012. A review of the medical records indicate that the patient is undergoing treatment for low back pain and lumbosacral neuritis and left foot pain. Subjective complaints include continued pain in the low back and left foot. Objective findings include limited range of motion of the lumbar spine with tenderness to palpation of the paravertebrals; negative straight leg raise; positive Faber. Treatment has included ESI, Percocet, and Lidoderm patch. The utilization review dated 12/1/2014 non-certified a dental consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dental consult: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127

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

Decision rationale: MTUS is silent regarding visits to a dentist. 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. There is no medical documentation, showing ongoing dental complaints or diagnoses beyond mention of non-specific TMJ pain, which has not been evaluated by the treating physician; it is unclear why a dentist is required so early in the evaluation process; many forms of TMJ pain are unrelated to dental issues. Therefore, a consultation with a dentist is not medically necessary.