MAXIMUS Federal Services

Case Number:	CM15-0015302		
Date Assigned:	02/03/2015	Date of Injury:	03/10/2014
Decision Date:	03/24/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/27/2015

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 injured worker is a 45 year old male who sustained an industrial injury on 03/10/2014. The injured worker presents on 12/15/2014 with complaints of occasional mild dull, achy low back pain radiating to the left leg with tingling. Physical exam noted lumbar ranges of motion were decreased and painful. There was 3 plus tenderness to palpation of the lumbar paravertebral muscles. Kemp's causes pain bilaterally.Prior treatment includes 20 chiropractic visits and 8 acupuncture sessions with benefit.Diagnosis was sprain/strain, lumbar; muscle spasm, lumbar; rule out lumbar disc protrusions, lumbar radiculitis /radiculopathy and status post lumbar epidural steroid injection.On 01/12/2015 utilization review denied the request for re-evaluation as needed, lumbar spine. ACOEM and ODG were cited. MTUS is silent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-Evaluation as needed (lumbar spine): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 127 and Official Disability Guidelines: Pain Chapter

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

Decision rationale: MTUS is silent regarding visits to a GI specialist. Official Disability Guidelines, Pain, Office Visits. 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 rationale or details behind this request. Medical documentation provided does not indicate subjective or objective findings that justify this request. As such, the request for re-evaluation as needed (lumbar spine) is not medically necessary.