

Case Number:	CM15-0018649		
Date Assigned:	02/06/2015	Date of Injury:	02/09/2007
Decision Date:	03/30/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/02/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year-old male who reported an injury on 02/09/2007. The mechanism of injury was not specifically stated. The current diagnoses include status post ACDF at C2-6, bilateral upper extremity radiculopathy, L4-S1 disc herniation with stenosis, and bilateral lower extremity radiculopathy. The injured worker presented on 12/19/2014 for a followup evaluation. It was noted that the injured worker had attended a course of physical therapy with mild improvement. The injured worker also underwent a CT scan of the cervical spine; however, results were not provided. The injured worker presented with complaints of ongoing pain and stiffness in the cervical and lumbar spine with radiation into the bilateral upper and lower extremities. Upon examination of the cervical spine there was tenderness to palpation over the paraspinous region with spasm, flexion to 45 degrees, extension to 50 degrees, lateral bending to 20 degrees and rotation to 65 degrees. Upon examination of the lumbar spine, there was also tenderness to palpation with spasm, limited flexion to 20 degrees, extension to 5 degrees and lateral bending to 10 degrees. Straight leg raise was positive at 40 degrees bilaterally. Sacroiliac strain testing was positive. There was diminished strength in the bilateral upper and lower extremities, decreased sensation in the C4-6 distributions, diminished sensation in the left L5 and S1 distributions, and positive Hoffman's sign bilaterally. Patellar and Achilles reflexes were hyperreflexive bilaterally. Recommendations at that time included continuation of treatment with the pain management physician for medication management. It was also noted that the injured worker was a surgical candidate for the lumbar spine. An updated MRI scan of the

lumbar spine was recommended at that time. A request for authorization form was submitted on 01/12/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cont treatment with his pain management physician for lumbar pain: 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) Pain.Office Visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303..

Decision rationale: The California MTUS /ACOEM Practice Guidelines state physician followup can occur when a release to modify, increase, or full duty is needed, or after appreciable healing or recovery can be expected. The specific type of treatment to be continued was not listed in the request. It is noted that the injured worker is a surgical candidate for the lumbar spine. Therefore, the medical necessity for ongoing treatment with a pain management physician has not been established at this time. Given the above, the request is not medically appropriate.