

Case Number:	CM15-0116220		
Date Assigned:	06/30/2015	Date of Injury:	07/16/2008
Decision Date:	07/29/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/16/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 50-year-old male, who sustained an industrial injury on 7/16/2008. Diagnoses have included lumbar radiculopathy, status post laminectomy and instrumentation L5-S1 (2011), chronic pain syndrome, chronic pain-related insomnia, myofascial syndrome, neuropathic pain, severe chronic-pain related depression and prescription narcotic dependence. Treatment to date has included medication. According to the progress report dated 3/25/2015, the injured worker complained of low back pain radiating down the left leg to the foot. He stated that Norco was helping with the pain. He rated his current pain as 6/10. Physical exam revealed that the injured worker ambulated with a cane, favoring the left leg. The treatment plan included the NESP-R program for narcotic detoxification. Authorization was requested for medication management, one session per month for six months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management 1 session per month for 6 months: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, and medical reevaluation.

Decision rationale: The California MTUS and ACOEM do not specifically address the requested service. The ODG states medical follow up visits are dictated by ongoing need as supported or decided by the patient's response to therapy and continuation of complaints. The request is for 6 months of medication management. There is no way to determine the patients response to therapy prescribed in the clinical documentation and the need for medication management for 6 months. Therefore, the request is not medically necessary.