

Case Number:	CM15-0117653		
Date Assigned:	06/26/2015	Date of Injury:	07/24/2002
Decision Date:	07/27/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/18/2015

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: Arizona, California
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:

This 50-year-old male sustained an industrial injury to the low back and right leg on 7/24/02. Recent treatment included right knee brace, home exercise and medications. Documentation did not disclose recent magnetic resonance imaging. In a progress note dated 5/13/15, the injured worker complained of continuing pain and discomfort to the low back and right leg. Physical exam was remarkable for tenderness to palpation to the lumbosacral area with myofascial tightness, decreased and painful range of motion, positive right straight leg raise, decreased right lower extremity motor strength with knee flexion. Current diagnoses included lumbosacral sprain/strain, right lumbar spine S1 radiculopathy, repetitive strain injury, myofascial pain syndrome and flare-up of low back and leg pain. The treatment plan included continuing current medications (Norco, Prilosec and Cyclobenzaprine), continuing home exercise, requesting a back brace and requesting a second opinion for the lumbar spine due to persistent pain and discomfort in the spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain chapter and office guidelines and 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. 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. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. In this case a 2nd opinion was requested with a [REDACTED] in 2/2015 and then another 2nd opinion with a spine surgeon [REDACTED] and in June the referring physician was awaiting a 2nd opinion from [REDACTED] or [REDACTED] due to persistent back pain that had failed conservative management. The claimant did have radiculopathy. There was no indication that a consultation was obtained and the request is appropriate and medically necessary.