

Case Number:	CM15-0125149		
Date Assigned:	07/09/2015	Date of Injury:	07/11/2011
Decision Date:	08/17/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/29/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 60 year old female sustained an industrial injury to the neck, low back and bilateral shoulders on 7/11/11. Magnetic resonance imaging lumbar spine (11/20/13) showed severe narrowing of the central canal at L3-4, lumbar facet hypertrophy at L4-5 and discogenic annular fissuring at L5-S1 with mild compression deformity of the L1 vertebral body. Previous treatment included physical therapy, massage, medial branch block and medications. In a progress noted dated 4/30/15, the injured worker complained of low back pain rated 8/10 on the visual analog scale without medications and 5/10 with medications. Physical exam was remarkable for decreased lumbar spine range of motion without tenderness to palpation, negative straight leg raise bilaterally and 5/5 bilateral lower extremity strength with intact sensation and deep tendon reflexes throughout. The physician noted that a medial branch block at L3-5 (4/9/15) did not help at all and would not be continued. Current diagnoses included lumbar spine spondylosis. The treatment plan included follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-Up Visit (Consultation) for Symptoms Related to The Lumbar Spine as Outpatient:
 Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, chapter 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a surgery evaluation with a specialist. The documentation should include the reasons, the specific goals and end for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: "Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) the patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted (e) Inadequate employer support (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks." (Mayer 2003) The provider reported did not document lack of pain and functional improvement that require referral a follow up visit. The requesting physician did not provide a documentation supporting the medical necessity for a follow up evaluation. The documentation did not include the reasons, the specific goals and end for using the expertise of a specialist for the patient pain. Therefore, the request for Follow-Up Visit (Consultation) for Symptoms Related to The Lumbar Spine as Outpatient is not medically necessary.