

Case Number:	CM15-0127231		
Date Assigned:	07/13/2015	Date of Injury:	01/14/1984
Decision Date:	08/17/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/01/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67 year old male who sustained an industrial /work injury on 1/14/84. He reported an initial complaint of back pain with radiation down both legs. The injured worker was diagnosed as having chronic pain, disorder of trunk, brachial neuritis, lumbar post-laminectomy syndrome, displacement of lumbar intervertebral disc without myelopathy. Treatment to date includes medication, surgery, trial with spinal cord stimulator, and diagnostics. Currently, the injured worker complained of chronic low back pain and radiating down both extremities. Depression was due to chronic pain. Per the primary physician's report (PR-2) on 5/20/15, exam notes an antalgic gait favoring the right extremity, tenderness of the paraspinal region at L4 bilaterally, range of motion is decreased in flexion and extension, decreased strength of the right ankle and great toe, at 4/5, straight leg raise is positive on the right, plantar and Babinski reflexes are absent. Current plan of care included medication and follow up. The requested treatments include Re-Evaluation every 90 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-Evaluation every 90 days: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines follow-up visits Page(s): 8.

Decision rationale: Based on the 06/22/15 progress report provided by treating physician, the patient presents with low back pain down both lower extremities, rated 4/10 with and 8/10 without medications. The patient is status post 3 back surgeries, unspecified dates. The request is for Re-Evaluation every 90 days. RFA dated 02/26/15 provided. Patient's diagnosis on 06/22/15 includes lumbar post-laminectomy syndrome, thoracic or lumbosacral neuritis or radiculitis unspecified, displacement of lumbar intervertebral disc without myelopathy, and brachial neuritis or radiculitis. The patient ambulates with an antalgic gait and limp favoring the right. Physical examination to the lumbar spine on 06/22/15 revealed tenderness to palpation to the bilateral L4 paraspinal region. Range of motion painful and restricted, especially on extension 5 degrees. Treatment to date has included surgery, diagnostics, imaging studies, injections, spinal cord stimulator trial, and medications. Patient's medications include Escitalopram, Hydrocodone, Lyrica, Ambien, and Celebrex. Regarding follow-up visits, MTUS guidelines page 8 has the following: "The physician treating in the workers' compensation system must be aware that just because an injured worker has reached a permanent and stationary status or maximal medical improvement does not mean that they are no longer entitled to future medical care. The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities." In this case, the patient continues with low back pain and the treating physician is requesting quarterly follow-up visits, while the 02/26/15 RFA states that the reason for the follow-up visits is for MMI re-evaluation alone, such evaluations are generally a routine component of a follow-up visit and examination. While MTUS does not provide an exact number of follow up visits to be performed, a request for re-evaluation every 90 days is an appropriate measure. Therefore, the request is medically necessary.