

Case Number:	CM15-0170268		
Date Assigned:	09/10/2015	Date of Injury:	04/22/2002
Decision Date:	10/15/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/28/2015

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 69 year old female, who sustained an industrial injury on April 22, 2002, incurring low back injuries. She was diagnosed with sciatica, lumbosacral sprain, lumbosacral radiculopathy and lumbar degenerative disc disease. Treatment included diagnostic imaging, pain medications, anti-inflammatory drugs, muscle relaxants, antianxiety medications, and activity restrictions. Currently, the injured worker's degenerative joint disease in the lumbar spine had disabled her to a point where she was in a wheelchair for mobility. She fell twice within a week and had constant severe pain. She rated her pain 9 on a pain scale from 1 to 10 without medications and 3 on a pain scale from 1 to 10 with medications. She no longer was able to bear weight on her feet and legs for more than a few minutes. Her symptoms worsened by any movement including changing positions, lifting, sitting, standing and walking. The pain interfered with all her activities of daily living. The treatment plan that was requested for authorization on August 28, 2015, included interventional nurse case management. On August 4, 2015, utilization review denied the request for interventional nurse case management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interventional nurse case management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, Colorado Division of Worker's Compensation, rev. 12/27/2011, pg 89.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Blue Shield, nurse case management.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The use of an interventional nurse manger is only indicated in complex cases with difficulty achieving a return to work. The patient does not have complex medical problems that would require an interventional nurse manger to achieve goals. The other indications such as HIV patients and coronary artery disease patients do not apply to the patient. Therefore the request is not medically necessary.