

Case Number:	CM15-0179731		
Date Assigned:	09/21/2015	Date of Injury:	12/03/2012
Decision Date:	12/16/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/12/2015

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:

The injured worker is a 47 year old male who sustained an industrial injury on 12-03-2012. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar disc displacement with myelopathy and sciatica. According to the treating physician's progress report on 08-11-2015, the injured worker continues to experience low back pain associated with numbness to the left hip, left buttock and into the upper back. Examination of the lumbar spine demonstrated 2+ spasm and tenderness to the bilateral lumbar paraspinal muscles from L1 to S1 and multifidus. Kemp's test was positive bilaterally and straight leg raise and Yeoman's was positive on the left. According to the treatment plan and discussion in the progress note dated 08-11-2015, the injured worker was authorized for pain management for evaluation of an epidural steroid injection. Electrodiagnostic studies and lumbar magnetic resonance imaging (MRI) were synopsized within the progress note dated 07-06-2015. Prior treatments have included diagnostic testing, acupuncture therapy, physical therapy, home exercises and non-steroidal anti-inflammatory drugs (NSAIDs). Current medications were not noted. Treatment plan consists of home exercises, functional improvement measurements through a Functional Capacity Evaluation (FCE) and the current request for 6 initial pain management consultations. The Utilization Review modified the request for 6 initial pain management consultations to 1 initial pain management consultation on 09-02-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 initial pain management consultations as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 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 , the claimant was approved to see pain management for epidural injections . The claimant did have radicular findings and confirmed on MRI. However, there is no indication for 6 visits. Consultation, procedure and follow-up for procedure effectiveness is appropriate but 6 visits is not justified.