

Case Number:	CM15-0046210		
Date Assigned:	04/14/2015	Date of Injury:	01/31/2011
Decision Date:	05/14/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/11/2015

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, 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 66-year-old male, who sustained an industrial injury on January 31, 2011. The injured worker reported right knee and low back pain. The diagnoses have included lumbar herniated nucleus pulposus, lumbar radiculopathy, lumbar lateral recess stenosis, lumbar facet hypertrophy, lumbar two-three annular tear, right knee derangement and right knee sprain/strain. Treatment to date has included medications, radiological studies, physical therapy, psychiatric evaluation, epidural injections and medial branch blocks. Documentation dated February 20, 2014 notes that the injured worker reported low back pain and right knee pain associated with prolonged standing. Physical examination of the lumbar spine revealed tenderness to palpation of the sacroiliac joints and paravertebral muscles. Kemp's test was noted to cause pain. Examination of the right knee revealed tenderness to palpation of the medial knee. The treating physician's plan of care included a request for nine retrospective visits with web based education reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for 9-visits with Web Based Education Reports (DOS: 2/24/12-6/29/12): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation No evidence of any existing guidelines for web-base education for chronic low back pain found.

Decision rationale: This is a retrospective request for a nine-week web-based education reports for a patient with chronic low back pain. A search of the MTUS Chronic pain Guidelines, ACOEM, and ODG failed to discover any guidelines for the use of web-based education reports for the treatment of chronic low back pain. The medical records do not demonstrate what benefit, if any, were gained by the patient from web-based education. There was no face-to-face interaction with a provider during the nine visits. It is also not clear that this education provided was necessary for treatment. This request is not medically necessary or appropriate.