

Case Number:	CM15-0067183		
Date Assigned:	04/14/2015	Date of Injury:	03/08/2012
Decision Date:	05/13/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/08/2015

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 33-year-old male, who sustained an industrial injury on 3/08/2012. Diagnoses include low back and bilateral leg pain, x-ray evidence of L4-5 degenerative disc disease, status post left sided L5-S1 microdiscectomy (9/04/2014) and 4-5mm disc bulge at L4-5 and 4mm disc bulge at L5-S1 per magnetic resonance imaging (MRI) (1/26/2015). Treatment to date has included surgical intervention, physical therapy, diagnostics including magnetic resonance imaging (MRI), work modification and medications. Per the Primary Treating Physician's Progress Report dated 2/17/2015, the injured worker reported persistent pain in the low back rated as 8/10. Physical examination revealed decreased range of motion of the lumbar spine in all planes. There was tenderness over the paraspinals equally. Kemp's test was positive bilaterally. The plan of care included, consultations, physical therapy and medications and authorization was requested on 2/25/2015 for physical therapy (2x6) for the lumbar spine, urine toxicology screening and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy - lumbar spine 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: In this case, the claimant is scheduled to have a lumbar fusion and decompression surgery. The claimant had tried a few sessions of therapy in the past but had made the symptoms worse. The plan was for 12 sessions of postoperative therapy. In this case, the amount of prior sessions completed is unknown. The surgery has not been completed at the time of request. There is no indication that therapy cannot be performed in a home based program. The request for 12 sessions is not medically necessary.

Internal medicine consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter ACOEM chapter 7, page 127, 156.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain guidelines and office visits 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 request was for an internal medicine consultation. The reason for the request was not mentioned. If it were for pre-operative clearance, the claimant had spin surgery in 9/2014. There was no indication of a change in history or new medical condition that would require a consultation at this time. The request is not justified and not medically necessary.