

Case Number:	CM15-0095317		
Date Assigned:	05/21/2015	Date of Injury:	03/15/2013
Decision Date:	07/07/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/18/2015

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: Preventive Medicine, Occupational Medicine

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 58 year old male, who sustained an industrial injury on 03/15/2013. He has reported subsequent low back pain and was diagnosed with lumbar spondylosis and spinal stenosis of the lumbar spine. Treatment to date has included oral and injectable pain medication and chiropractic therapy. In a progress note dated 04/22/2015, the injured worker complained of low back pain. Objective findings were notable for tenderness to palpation of the lumbar paraspinal muscles, significantly increased pain with extension of the lumbar spine, an antalgic gait and positive facet loading. A request for authorization of emergency department visits once a month for 12 months was submitted. It's unclear as to the reason for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Emergency visits, once a month for twelve months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 65.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The injured worker is being treated by orthopedics for a diagnosis of lumbar spondylosis and spinal stenosis of the lumbar spine. There is no discussions of anticipated emergency visits or possible red flags that would necessitate emergency visits in the available documentation. It is unclear what the necessity for the emergency visits is, therefore, the request for emergency visits, once a month for twelve months is not medically necessary.