

Case Number:	CM14-0143373		
Date Assigned:	09/10/2014	Date of Injury:	03/26/2007
Decision Date:	10/20/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 30 year old female who sustained an injury on 03/26/07 while lifting heavy boxes of coins. The injured worker has been followed for ongoing complaints of low back pain. The injured worker was also followed for depression secondary to chronic pain. As of 09/09/14 the injured worker continued to report low back pain with recent anginal type pain. There was noted weakness in the lower extremities on physical exam. Positive Faber's and tenderness to palpation was noted with loss of range of motion in the lumbar spine. The only noted medications included over-the-counter Tylenol. The requested medication management sessions were denied on 08/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Management 1 time per month for 12 months Qty: 12.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 32

Decision rationale: In review of the clinical documentation provided, there is no indication that any particular medications are being recommended for this injured worker that would reasonably require a year period of medication management evaluations on a monthly basis. There is no clear indication of how this requested evaluation over the next year would provide additional information that would help delineate the injured worker's overall treatment strategy. As such, this request is not medically necessary.