

Case Number:	CM14-0035389		
Date Assigned:	06/23/2014	Date of Injury:	12/17/2012
Decision Date:	07/20/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/21/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 49-year-old male who reported an injury on 12/17/2012 due to an unknown mechanism of injury. The injured worker complained of mid to lower back pain rated 4-6/10. On 02/25/2014, the physical examination revealed tenderness of the paravertebral muscles bilaterally. The injured worker had range of motion deficits, flexion 50 degrees, and extension 16 degrees. The MRI (magnetic resonance imaging) on 01/21/2014 revealed mild degenerative disc disease at L3-L4 with mild degenerative changes in the lower lumbar facet joints. The injured worker had a diagnoses of T6-10 facet arthropathy, T6-8 spinous process fractures, right transverse process fractures L3, L4, and L5, stenosis L3-4 and L4-5 and facet arthropathy L3-L5. The methods of past treatment were not included for review. The injured worker was on the following medications anaprox Ds 550mg, and Norco 10/325mg. The current treatment plan is for a pain management consultation. The request for authorization form was dated 02/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULTATION: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office visit.

Decision rationale: The request for a pain management consultation is certified. The injured worker has a history of mid to low back pain. The Official Disability Guidelines (ODG) states that office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. 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. The injured worker continued to have mid to lower back pain rated 4-6/10 with no relief in spite of medications Norco and Anaprox. Due to failed conservative care, the request is medically supported. The request for a pain management consultation is certified.