

Case Number:	CM13-0030452		
Date Assigned:	11/27/2013	Date of Injury:	02/27/2012
Decision Date:	02/12/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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 claimant is a 39-year-old female who was injured in a work related accident on February 27, 2012. The clinical records for review in this case include an August 26, 2013 follow-up with [REDACTED], orthopedic surgeon, who indicated a diagnosis of nonunion status post lumbar fusion. He stated continued lumbago, degenerative disc disease and pain complaints. Subjectively, the claimant was with a prior history of lumbar fusion procedure apparently occurring in 2009. At present, there are physical examination findings showing the claimant to be seven months out from a recent January 24, 2013 surgery in the form of fusion. There was three month use of a recent bone stimulator with documented nonunion. He states that the claimant is unlikely to develop a union at his fusion at this point in time. He was to continue with medications in the form of Ultracet and Soma. He recommended a one month followup assessment for further treatment. No other forms of imaging or care were documented at that time. At present, there is a request for three follow-up appointments with orthopedics between September 11, 2013 and December 10, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 follow-up appointments with Orthopedic Surgeon, between 9/11/2013 and 12/10/2013:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California ACOEM Guidelines, three follow-ups over the time period recommended would not be indicated. At last clinical assessment with [REDACTED], he basically indicated that there was little further to offer the claimant in terms of treatment. While he did prescribe medications, the role of one month follow-ups at this chronic stage in clinical course of care with no documentation of need for further imaging or advancement of treatment other than the usage of medications would not be particularly indicated. While this reviewer is not indicating that further follow-up is not necessary, the specific request for three follow-ups in a ninety day period of time requested would be excessive and not supported by clinical Guidelines.