

Case Number:	CM13-0050417		
Date Assigned:	12/27/2013	Date of Injury:	10/25/2011
Decision Date:	08/13/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/11/2013

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 Internal Medicine and Pulmonary Disease, 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 62-year-old female who reported an injury on 10/25/2011. The mechanism of injury was not provided. On 11/22/2013, the injured worker presented with constant low back pain. Upon examination of the lumbar spine there was decreased range of motion on flexion and extension and joint line tenderness noted with pain. The diagnoses were bilateral shoulder sprain/strain and lumbar spine sprain/strain. Prior therapy included medications. The provider requested a follow-up visit to determine further care. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW UP VISIT WITH [REDACTED] (PART 2 OF 2): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines 2004 OMPG, Pain, Suffering, and the Restoration of Function Chapter 6 page114.

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 follow-up visit with [REDACTED] (part 2 of 2) is not medically necessary. The Official Disability Guidelines recommend office visits for a proper

diagnosis and return to function of an injured worker. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit required individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with the eventual patient independence from the healthcare system to self-care as soon as clinically feasible. There was no clear rationale for a follow-up visit provided in the documentation. Therefore, the request is not medically necessary.