MAXIMUS Federal Services

Case Number:	CM13-0064444		
Date Assigned:	01/03/2014	Date of Injury:	10/13/2010
Decision Date:	06/19/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/11/2013

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 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 patient is a 52 year-old male who sustained an injury at work on 10/13/2010. The injury was primarily to his leg, shoulder and lower back. He is requesting a review for denial of a follow-up visit with [redacted]. Since his injury, the patient has undergone an evaluation and treatment from a number of different medical providers and carries the following diagnoses: Lumbar Radiculitis; Lumbar Disc Protrusion; Lumbar Stenosis; and Idiopathic Peripheral Neuropathy. Regarding the treatment provided by [redacted], the patient was seen on 10/4/2012 for low back pain that was associated with stiffness, burning, tingling and urinary incontinence. [redacted] performed a physical examination and recommended analgesics and a lumbar epidural steroid injection. There was a follow-up visit on 11/4/2013 with [redacted]. There was no notable change in the patient's symptoms or physical examination findings. There was no mention of the need for follow-up in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW-UP VISIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th Edition, 2013, Low Back.

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

Decision rationale: The Official Disability Guidelines (ODG), Low Back, provide the indications for office visits. These guidelines state that: "Evaluation and management 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 on a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." Further, that the "determination of necessity for an office visit requires individualized case review and assessment." In this case, the medical records provide insufficient information to justify a follow-up visit with this provider. Specifically, the requesting provider did not document the rationale for a follow-up visit. Based on the lack of documentation, the follow-up visit is not medically necessary.