

<b>Case Number:</b>	CM13-0068771		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	09/27/2011
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 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 38 year old female with reported injury on 09/27/2011. The mechanism of injury was reported as a fall. An MRI dated 11/28/2012 visualized mild degenerative disc disease at L5-S1, and a small diffuse bulge at L4-L5. The injured workers clinical documents provided indicate that she received a lumbar epidural steroid injection, on an unknown date, which "did not help". A second consultation was obtained to determine whether or not the injured worker was a surgical candidate. Clinical documents dated 01/14/2013 documented range of motion was stable at 60 degrees of flexion bilaterally. The injured worker returned to light duty on 07/22/2013. The clinical report dated 09/23/2013 documented the injured worker complained of sharp pain to the left shoulder and bilateral aspects of the lower back. The pain was reported at 6/10 in the lower back and 5/10 in the shoulder. According to the clinical documents the injured worker stated symptoms had progressively returned since the initial injury. The injured workers medication regimen included Norco, Lidoderm patch and Gabapentin. The request for authorization for urgent follow up visits x4 was submitted on 04/01/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URGENT FOLLOW UP VISITS X4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303.

**Decision rationale:** The request for urgent follow up visits x4 is non certified. The injured worker has 11 clinical visits documented from 10/31/2012 - 11/27/2013. The documentation provided does not make clear that the injured worker was not a candidate for surgery. There is a lack of clinical information to clearly document an increase in functional deficits or disability. There is a request for follow up visits, however, it is unclear as to what specific treatment or workup would be done to support the need for these office visits. ACOEM states that patients with potentially work related low back complaints should have follow up every three to five days by a midlevel practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use and activity modifications. The Official Disability Guidelines recommend office visits as determined to be medically necessary. 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 and clinical stability. The guidelines note the determination is also based on what medications the injured worker is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The submitted request did not detail the dates on which the requested visits would occur. The medical necessity for each visit would be dependent upon the prior visit; therefore, the medical necessity for the four requested visits cannot be established at this time. As such, the request for urgent follow up visits X4 is non-certified.