

Case Number:	CM13-0068809		
Date Assigned:	01/03/2014	Date of Injury:	05/17/2012
Decision Date:	06/24/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/20/2013

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 and Rehabilitation has a subspecialty in Interventional Spine 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 49 year old female with an injury date of 05/14/12. Based on the 11/11/13 progress report by [REDACTED] the patient complains of cervical and lumbar spine pain and stiffness along with bilateral shoulder pain, weakness of bilateral hands, headaches, stomach problems from medication use, anxiety, stress, depression, and high blood pressure. The patient's diagnoses include the following: 1. Cervical spine myofasciitis with radiculitis 2. Rule out cervical spine disc injury 3. Lumbar spine myofasciitis with radiculitis 4. Rule out lumbar spine disc injury 5. Left shoulder rotator cuff syndrome 6. Carpal tunnel syndrome bilateral 7. Rotator cuff right shoulder 8. Headaches 9. Gastritis 10. Psych-deferred 11. High blood pressure-deferred [REDACTED] is requesting for a follow up evaluation. The utilization review determination being challenged is dated 11/27/13. [REDACTED] is the requesting provider and provided treatment reports from 06/16/13- 12/16/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW UP EVALUATION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, , 177

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

Decision rationale: According to the 11/11/13 report by [REDACTED], the patient presents with cervical and lumbar spine pain and stiffness along with bilateral shoulder pain, weakness of bilateral hands, headaches, and stomach problems from medication use, anxiety, stress, depression, and high blood pressure. The request is for a follow up evaluation. Regarding follow-up visits, ACOEM chapter 12 low back complaints states "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, activity modification, and other concerns. Health practitioners should take care to answer questions and make these sessions interactive so that the patient is fully involved in his or her recovery." Given the patient's complexity in clinical problems, obtaining an evaluation is reasonable. Recommendation is for approval, the request for Follow-up Evaluation is medically necessary.