

Case Number:	CM14-0000904		
Date Assigned:	01/10/2014	Date of Injury:	08/27/2010
Decision Date:	06/13/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/02/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 52-year-old male who sustained an injury to his low back on August 27, 2010. The mechanism of injury was not documented. A clinical note dated 12/02/13 reported the injured worker is still pending authorization for lumbar spine surgery. Regarding the previous office visit, laboratory analysis was drawn, which included basic metabolic panel, hepatic panel, complete blood count (CBC), and urinalysis. All of the laboratory values were normal, indicating it is safe for the patient to metabolize and excrete his medications. The injured worker was described as morbidly, 6 feet 5 inches tall, and 330 pounds. Physical examination noted the injured worker was unable to stand erect and is stuck forward; hip examination unchanged; gross loss of range of motion; for example, the patient is barely able to sit down; sitting in a chair, his hips do not flex. The injured is unable to sit feet flat on the floor. He crosses his legs, to the best of his ability and barely externally rotates from the hips trying to sit comfortably; ambulation with single point cane, which he obtained on his own; the injured worker has to use a cane to prevent himself from falling over; because he is unable to stand upright, he is now measured at 15° of forward flexion. The injured worker was diagnosed with lumbago.

IMR ISSUES, DECISIONS AND RATIONALES

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

OFFICE VISITS- PRIMARY FOLLOW UP LUMBAR SPINE EVERY 4 TO 6 WEEKS:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 chapter, Office visits.

Decision rationale: The Official Disability Guidelines (ODG) states that the need for a clinical office visit with a healthcare provider is individualized based upon review of the injured worker's concerns, signs and symptoms, clinical stability and reasonable physician judgment. The records indicate the injured worker was anticipating a surgical procedure and that office visits were requested to follow up every 4 to 6 weeks prior to the surgical intervention; however, medical necessity of the frequency of the requested visits was not indicated and there was no rationale to support the request. Given the clinical documentation submitted for review, medical necessity of the request for office visits primary follow-up lumbar spine every 4 to 6 weeks has not been established. The recommend is for non-certification.