

Case Number:	CM14-0006867		
Date Assigned:	02/07/2014	Date of Injury:	12/28/2009
Decision Date:	07/02/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/17/2014

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 Occupational 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 39 year old male who has submitted a claim for lumbar sprain/strain with right L5-S1 radiculopathy associated with an industrial injury date of 12/28/2009. Medical records from 2013 were reviewed. The patient complained of lumbosacral pain, graded 8/10 in severity, radiating to the right lower extremity. Aggravating factors included sitting, standing, walking, driving, and bending. Physical examination of the lumbosacral spine revealed tenderness, muscle spasm, trigger points, and restricted range of motion. Kemp's test was positive bilaterally. Weakness was noted at right lower extremity. Reflexes were normal. Sensation was diminished at right S1 dermatome. Gait was antalgic and slow. The patient is a candidate for right L5-S1 hemilaminotomy and microdiscectomy. Treatment to date has included physical therapy, acupuncture, epidural steroid injections, and medications such as, Norco, Flexeril, omeprazole, Gabacyclotram, Terocin patch, and flurbiprofen. A utilization review from 12/27/2013 denied the request for follow-up office visits due to unclear documentation whether appointment is for "DC" or with a podiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW UP OFFICE VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Official Disability Guidelines states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, the patient has persistent lower back pain radiating to the right leg despite conservative management. Medications were prescribed. Monitoring of response to therapy is paramount; hence, follow-up appointments are indispensable to patient management. However, the request failed to specify the quantity of visits required in this case. The request is incomplete; therefore, the request is not medically necessary and appropriate.