

Case Number:	CM14-0016229		
Date Assigned:	06/11/2014	Date of Injury:	10/20/2011
Decision Date:	07/14/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/10/2014

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 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 records presented for review indicate that this 56-year-old female was injured on October 20, 2011. The mechanism of injury is not listed in the attached medical records. There is a medical history significant for a previous L4/L5 anterior lumbar interbody fusion as well as lumbar epidural steroid injections, and medial branch blocks as well as SI joint injections. Previous treatment has also included physical therapy. The most recent note in the attached medical record is dated February 6, 2014, and the injured employee complained of low back pain radiating to the left lower extremity and weakness in the legs with difficulty walking. The physical examination demonstrated decreased lumbar range of motion, decreased sensation at the left lateral leg and foot, and 4/5 motor strength in the left lower extremity. Diagnostic imaging studies dated May 24, 2013, showed a grade one anterior list eases up L4 on L5 with instability. Assessment included a grade one unstable anterolisthesis up L4 on L5 with the nerve root impingement, L5/S1 disc bulge with left S1 nerve root impingement and an L3/L4 disc protrusion. Surgical intervention for the lumbar spine was recommended. A request had been made for 12 office visits on February 5, 2014, and was not certified in the pre-authorization process.

IMR ISSUES, DECISIONS AND RATIONALES

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

OFFICE VISITS X12: Overturned

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

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 - Lumbar & Thoracic (Acute & Chronic), Office visits, updated June 10, 2014.

Decision rationale: The Official Disability Guidelines states that office visits are determined to be medically necessary. Evaluation and management (E&M) 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 upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. There is also concern for close management of patients who take opioid medications such as the Tramadol prescribed to the injured employee. The previous utilization management review stated that additional office visits were not necessary as there was no indication of the need to continue them on a regular basis. Although this request does not state over what time period 12 office visits should occur but considering recent surgery, current opioid prescription, and plans for future surgery 12 office visits is medically reasonable. The request is not medically necessary and appropriate for Office Visits x 12 is medically necessary and appropriate.