

Case Number:	CM14-0024553		
Date Assigned:	06/11/2014	Date of Injury:	12/13/2011
Decision Date:	11/12/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/26/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 63-year old female with date of injury 12/13/2011. The mechanism of injury is not stated in the available medical records. The patient has complained of neck pain with radiation of the pain to the bilateral upper extremities since the date of injury. She has been treated with physical therapy and medications. MRI of the cervical spine dated 04/2014 shows disc disease and herniation at all levels: T12-L1, L1-L2, L2-L3, L3-L4, L4-L5, and L5-S1. Objective: decreased and painful range of motion of the cervical and lumbar spine, decreased sensation in an L3 distribution bilaterally. Diagnoses: cervical intervertebral disc disease, lumbar spine strain and sprain, thoracic spine sprain and strain. Treatment plan and request: follow up visit every 4-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow Up Visit every 4-6 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 313-315.

Decision rationale: Per the MTUS guidelines cited above, follow up visits scheduled every 4-6 weeks are not recommended in the treatment of patients with chronic low back pain. There is no documented provider rationale regarding the frequency of requested follow up visits for the patient's condition. On the basis of the MTUS guidelines and available provider documentation, follow up visits every 4-6 weeks are not medically necessary.