

Case Number:	CM14-0025246		
Date Assigned:	06/11/2014	Date of Injury:	03/31/2006
Decision Date:	07/15/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/27/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois 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 46-year-old female who reported injury on 03/31/2006. The prior treatments included medications, acupuncture, chiropractic, physical therapy, injections, and surgery. The documentation of 12/17/2013 revealed the injured worker had complaints of low back pain and weakness in the legs. The injured worker was treated with a lumbar epidural steroid injection on 06/10/2013. The injured worker had at the level of T12-S1 moderate paraspinal tenderness bilaterally. The diagnoses included headache, cervical, thoracic, and lumbar sprain. Additionally, the injured worker had lumbar radiculopathy and lumbar disc herniations. The treatment plan included electrical acupuncture, a pain management consultation of the lumbar spine, an orthopedic consultation/medication management, and upper and lower extremity EMG/NCVs.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST: ONE (1) FOLLOW UP VISIT WITH ORTHOPEDIC SPECIALIST BETWEEN 2/19/2014 AND 4/5/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

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

Decision rationale: The Official Disability Guidelines recommend follow up office visits based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. There was a lack of documented rationale for the necessity for a follow-up. There was a lack of documentation indicating the injured worker's condition had changed significantly to support a necessity for a re-evaluation. Given the above, the prospective request for 1 follow up visit with orthopedic specialist between 02/19/2014 and 04/05/2014 is not medically necessary.