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| <b>Case Number:</b>   | CM14-0031432 |                              |            |
| <b>Date Assigned:</b> | 04/09/2014   | <b>Date of Injury:</b>       | 07/27/2011 |
| <b>Decision Date:</b> | 05/28/2014   | <b>UR Denial Date:</b>       | 01/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/03/2014 |

### 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 Family Medicine and is licensed to practice in Arizona. 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 50 year old male with a date of injury on 7/27/2011. Patient has been treated for ongoing symptoms related to his low back. Diagnoses include spondylolisthesis, multilevel disc herniations of the cervical spine, and thoracic disc herniations. Subjective complaints are of ongoing lower back pain and neck pain rated at 9/10, with bilateral leg weakness and occasional numbness, as well as radiation to the arms. Physical exam shows tenderness in the cervical, thoracic and lumbar regions, especially at the L5-S1 level. Spinal range of motion is decreased, and sensation and strength is intact. Medications include Norco 10/325, and Zofran. The Zofran was discontinued due to patient no longer having nausea. Submitted documentation does not show subjective or objective evidence of abdominal pain or headaches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **GENERAL PRACTITIONER FOLLOW UPS FOR ABDOMINAL PAIN AND HEADACHES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar And Thoracic - Office Visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental

Medicine (ACOEM), 2nd edition, (2004), Chapter 7, page 127, and the Official Disability Guidelines (ODG).

**Decision rationale:** MTUS/ACOEM guidelines indicated that consultation can be obtained to aid in diagnosis, prognosis, therapeutic management, and determination of medical stability. The Official Disability Guidelines (ODG) recommends office visits are determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. In this case, the submitted documentation does not document subjective or objective evidence of headaches or ongoing abdominal pain. The request for general practitioner follow-up visits for abdominal pain and headaches is not medically necessary and appropriate.