MAXIMUS Federal Services

Case Number:	CM14-0033319		
Date Assigned:	06/20/2014	Date of Injury:	03/13/2006
Decision Date:	07/21/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/17/2014

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 58 year old male who was injured on 03/13/2006 when he slipped and fell from a height of 8 feet. Prior treatment history has included transforaminal epidural steroid injection at right L5-S1 on 10/30/2013. Prior medication history as of 02/10/2014 included Nucynta 75 mg, Clonazepam 1 mg, gabapentin 900 mg, cyclobenzaprine 75 mg and pantoprazole 20 mg. Progress report dated 02/10/2014 indicated the patient continued to experience pain in his low back with associated constant, throbbing, sharp, and aching symptoms. He rated his pain at 7/10 without medication and 2/10 with medications. He reported his pain radiated down the right leg and increased with prolonged standing and walking. He stated pain medications and rest alleviated his pain and symptoms. On exam, he had pain with palpation of the spinous processes of the lumbar spien. There is decreaed range of motion of the lumbar spine. His neurologic exam showed decreased sensation along the right L5 and S1 dermatome distributions. Motor exam showed decreased strength on the distal part of the right lower extremity. Diagnoses are lumbar radiculopathy, lumbar postlaminectomy syndrome, peripheral neuropathy with weakness in the right lower extremity, muscle spasms, and anxiety associated with chronic pain. The treatment and plan included refill of prior medications. Prior utilization review dated 02/24/2014 states the request for 3 month follow up visits between 02/19/2014 and 04/05/2014 are partially certified to 1 month for a visit for the same dates.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) months follow up visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7- Independent Medical Examinations and Consultations.

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, Office Visits.

Decision rationale: CA MTUS do not specifically address the issue. According to ODG guideline, offices visits are "recommended as determined to be medically necessary." "As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible." This is a request for three months follow-up visits for a 58 year old male injured on 3/13/06 after a slip and fall from height. The patient has chronic low back pain with R-sided radicular pain, numbness, and weakness. He is diagnosed with lumbar radiculopathy, lumbar post-laminectomy syndrome, and anxiety. He is status post L4-S1 discectomy and fusion on 4/29/08 and failed spinal cord stimulator trial. However, a specific rationale for 3 months of follow-up visits is not provided. The determination for the necessity and timing of a follow-up visit can be based on case review and assessment at each visit. A set number of office visits for this patient's condition is not established. Not medically necessary.