

Case Number:	CM14-0038987		
Date Assigned:	06/27/2014	Date of Injury:	02/25/2013
Decision Date:	07/28/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/02/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 25 year old male with an injury date of 02/25/13. Based on the 02/12/14 progress report provided by [REDACTED] the patient complains of constant severe lumbar spine pain and numbness, occasional severe thoracic spine pain and numbness, frequent severe cervical spine pain and numbness, occasional severe headaches, depression, and difficulty sleeping. The patient's diagnoses include cervical disc herniation with myelopathy, lumbar disc displacement with myelopathy and thoracic disc displacement with myelopathy. [REDACTED] is requesting for a follow up visit with range of motion measurements and addressing activities of daily living (ADL's). The utilization review determination being challenged is dated 03/24/14. The rationale is that the patient's follow up is to determine the progress made with recommended treatment. There is no documentation recommended by guidelines for computerized range of motion measurements. [REDACTED] is the requesting provider, and he provided two treatment reports from 01/20/14 and 02/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit with range of motion measurements and addressing ADLs.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

Decision rationale: According to the 02/12/14 report by [REDACTED], the patient presents with constant severe lumbar spine pain and numbness, occasional severe thoracic spine pain and numbness, frequent severe cervical spine pain and numbness, occasional severe headaches, depression, and difficulty sleeping. The request is for a follow up visit with range of motion measurements and addressing ADL's. In regards to follow-up visits, MTUS page 8 require that the physician monitor the patient. Follow-up visitations are needed to monitor patient's progress. Given the patient's persistent symptoms, recommendation is for authorization of the requested follow-up visitations. It should be noted that the range of motion measurements and ADL discussion is what happens in follow-up visitations as part and parcel of history/examination. Therefore the request is medically necessary.