

<b>Case Number:</b>	CM14-0050236		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/07/2013
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Physical Medicine and 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 52-year-old male with a reported date of injury on August 7, 2013. The injured worker presented with low back pain and bilateral lower extremity pain, rated 8/10. Upon physical examination, the injured worker presented with midline lumbosacral tenderness to palpation and left paramedian lumbosacral tenderness to palpation, muscle guarding, and spasms. The injured worker was noted to have decreased pinprick sensation on the left at L3, L4, L5, and S1 and a positive straight leg raise bilaterally. The MRI of the lumbar spine dated September 17, 2013 revealed L1-2 disc desiccation, loss of height, and disc bulging. The injured worker's diagnosis included lumbar stenosis, lumbar radiculopathy multi-root, and low back pain. The injured worker's medication regimen was not included within the documentation available for review. The request for authorization of one preoperative office visit and one postoperative office visit was submitted on April 16, 2014. The physician indicated that he was requesting authorization for decompressive laminectomies and intervening foraminotomies to be performed. The surgery has not been scheduled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Pre-Operative Office Visit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Official Disability Guidelines state that office visits are recommended as determined to be medically necessary. Evaluation and management of 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. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation provided for review indicates the physician is requesting a decompressive laminectomy and intervening foraminotomies which have not been approved and not scheduled. Therefore, the request for office visit would not be medically necessary. Therefore, the request for one preoperative office visit is not medically necessary or appropriate.

**One Post-Operative Visit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Official Disability Guidelines state that office visits are recommended as determined to be medically necessary. Evaluation and management of 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. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation provided for review indicates the physician is requesting a decompressive laminectomy and intervening foraminotomies which have not been approved or scheduled. Therefore, the request for office visit would not be medically necessary. Therefore, the request for one postoperative office visit is not medically necessary or appropriate.