

Case Number:	CM14-0052464		
Date Assigned:	07/07/2014	Date of Injury:	03/20/1987
Decision Date:	08/15/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/21/2014

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 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:

According to the records made available for review, this is a 66-year-old female with a 3/20/87 date of injury. At the time (4/8/14) of the Decision for authorization for Decision for 6 Monthly follow up visits for six months to asses medications related to lumbar as outpatient, there is documentation of subjective (low back and cervical spine pain) and objective (antalgic gait, decreased range of motion, tenderness to lumbar spine and cervical spine, and absent left patellar reflex) findings, current diagnoses (Spinal Stenosis of Lumbar Region, Lumbar Lumbosacral Disc Degeneration, Thoracic or Lumbosacral Neuritis or Radiculitis Not otherwise specified, Cervical Disc Degeneration), and treatment to date (medication and physical therapy). There is no documentation that a diagnosis is uncertain or extremely complex, that psychosocial facts are present, or that the plan or course of care may benefit from additional expertise.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Monthly follow up visits for six months to asses medications related to lumbar as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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: MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of Spinal Stenosis of Lumbar Region, Lumbar Lumbosacral Disc Degeneration, Thoracic or Lumbosacral Neuritis or Radiculitis- Not otherwise specified, and Cervical Disc Degeneration. However, given no documentation of a rationale identifying the medical necessity of the requested monthly follow up visits, there is no documentation that a diagnosis is uncertain or extremely complex, that psychosocial facts are present, or that the plan or course of care may benefit from additional expertise. In addition, the requested 6 monthly follow up visits for six months to assess medications related to lumbar as outpatient exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for 6 monthly follow up visits for six months to assess medications related to lumbar as outpatient is not medically necessary.