

Case Number:	CM14-0063092		
Date Assigned:	07/11/2014	Date of Injury:	10/30/2001
Decision Date:	09/12/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/05/2014

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 45-year-old male with a reported date of injury on 10/30/2001. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include myoligamentous strain of the cervical spine; 1.7 mm right posterior paracentral disc protrusion at C6-7; disc bulges at C3-4, C4-5, and C6; myoligamentous strain of the lumbar spine; 1.5 mm broad-based disc bulge at L3-4; disc bulges at L4-5 and L5-S1; and left upper quadrant pain. His previous treatments were noted to include medication. The progress note dated 01/22/2014 revealed the injured worker complained of frequent moderate neck and low back pain with radiating pain to the left lower extremity. The pain was increased with prolonged sitting, standing, and walking, and the injured worker implied the medications and transdermal cream were helping. The physical examination of the cervical spine noted a decreased range of motion with tenderness. The physical examination of the lumbar spine noted decreased range of motion and tenderness. The provider indicated the injured worker was seeing the internist for abdominal complaints. The Request for Authorization form dated 04/24/2014 was for a followup appointment due to abdominal pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up appointment with Internist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

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

Decision rationale: The injured worker was seeing an internist due to abdominal pain. The California MTUS/ACOEM Guidelines state patients with potential work related low back complaints should have followup every 3 to 5 days by a midlevel practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modifications, and other concerns. Health practitioners should take care to answer questions and make the sensations interactive so the patient is fully involved in his or her recovery. If the injured worker has returned to work, these interactions may be conducted on site or by telephone to avoid interfering with the modified or full work activities. The documentation provided indicated the injured worker was seeing an internist due to abdominal pain. There is a lack of documentation regarding abdominal pain symptoms or previous visits from the internist to warrant a followup appointment. Therefore, due to the lack of documentation regarding internist visits, a followup appointment with the internist is not appropriate at this time. Therefore, the request is not medically necessary and appropriate.