

Case Number:	CM14-0086905		
Date Assigned:	07/23/2014	Date of Injury:	06/11/2007
Decision Date:	12/05/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/10/2014

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 Family practice and is licensed to practice in Texas and Mississippi. 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 61 years old female who reported an injury on 02/01/2007. The mechanism of injury was lifting. Her diagnoses were noted as lumbar spine strain/sprain syndrome and lumbar radiculopathy. Her past treatments included medications and surgery. Diagnostic studies were noted to include an MRI from 2007 which was noted to reveal grade 1 spondylolisthesis with fixation screws at the L4-5 level. Her surgical history included lumbar fusion and anterior cervical discectomy and fusion. On 06/11/2014, the injured worker complained of persistent pain, stiffness and discomfort of the low back that radiated to her buttocks. An examination revealed tenderness to palpation to the paraspinal muscle, restricted range of motion with pain, and decreased sensation of the lumbar spine. Her medications were listed as Vicodin ES 7.5/300 taken once every 6 hours, Flector patch every 12 hours, and Temazepam 15mg as needed. The treatment plan included medications and a follow up. A request was received for an orthopedic office visit. The rationale for the request was for reevaluation and to monitor response to medications. The Request for Authorization form was dated 05/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic office visit.: 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 Occupational Medicine Practice Guidelines (ACOEM OMPG) , Second Edition, (2004), Chapter 7, page 127-Consultation.

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: The request for orthopedic office visit is not medically necessary. The Official Disability Guidelines note the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The injured worker was last seen for an examination on 06/11/2014 and had medication refills of Vicodin, Flector patches and Temazepam. However, there is a lack of documentation indicating whether the injured worker was seen after the 06/11/2014 visit in order to determine whether the frequency of the requested visit is appropriate. As such, the request is not medically necessary.