

Case Number:	CM14-0090867		
Date Assigned:	09/10/2014	Date of Injury:	10/31/2011
Decision Date:	10/10/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/16/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 51-year-old female who reported an injury on 10/31/2011. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of lumbar spine disc herniation at L5-S1 with stenosis, cervical spine disc herniation at C5-6, lumbar radiculopathy, and medication induced gastritis. The injured worker has undergone transforaminal epidural steroid injections bilaterally at the L5-S1, a home exercise program, physical therapy, medication therapy, acupuncture, and chiropractic therapy. Medications included Prilosec, Norco, Pamelor, and nortriptyline. The injured worker underwent an MRI of the lumbar spine in 2012. She had also undergone electro diagnostic studies in 05/2012 and in 06/2012. On 07/31/2014, the injured worker complained of neck and back pain. It was noted on the physical examination that the injured worker's pain rated from 2/10 to 7/10 on the visual analog scale (VAS). The examination of the cervical spine revealed that range of motion was decreased in all planes. There was decreased right L4, L5, and S1 dermatomes; decreased right C6, C7, and C8 dermatomes. There was a 4/5 right deltoid, biceps, internal rotators, external rotators, wrist extensors, and wrist flexion; 4+/5 bilateral tibialis anterior and extensor hallucis longus; 5-/5 bilateral inversion, plantar flexion, and eversion. The treatment plan was for the injured worker to undergo an orthopedic spine visit follow-up. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Spine Follow-Up Visit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Office Visits; Neck & Upper Back - Office Visits

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

Decision rationale: The request for an orthopedic spine follow-up visit is not medically necessary. The Official Disability Guidelines recommend office visits for proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As patients' conditions are extremely varies, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the healthcare system through self-care as soon as clinically feasible. The submitted documentation dated 07/31/2014 did not indicate that the injured worker had undergone orthopedic spine surgery. Additionally, there was no rationale as to why the provider was requesting a follow-up visit. Given the above, the injured worker is not within the ODG criteria. As such, the request for a follow-up visit is not medically necessary.