

<b>Case Number:</b>	CM14-0096031		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/09/2003
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 General Surgery 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:

This 58 year old female is being followed for complained of neck and low back pain with radiation to the upper extremities as well as from the low back in to the lower extremities. She has been on opiates and the pain specialist requested a caudal epidural steroid injection at L5-S1 that was denied 6/30/14. Examination had documented decreased sensation along the L5-S1 dermatome in the left lower extremity with decreased motor of the extensors of the left lower extremity. Electrodiagnostic studies were consistent with radiculopathy. MRI was reportedly consistent. Apparently the caudal epidural steroid injection was done and the specialist now requests a follow up office visit post procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up visit 6 weeks post surgery:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, 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), Work Loss Data Institute, Treatment in Workers Compensation, 5th Edition, 2007 or current year, Hip Chapter, Office visits

**Decision rationale:** The specialist requests a follow up office visit post procedure. This patient has ongoing medical care needs. Therefore, the request for an office visit is medical necessity.