

Case Number:	CM14-0187582		
Date Assigned:	11/17/2014	Date of Injury:	11/01/2006
Decision Date:	01/06/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/10/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine 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 44 year old male who was injured at work on 11/01/2006. . The injured worker is reported to be suffering from severe cervical post-laminectomy with radicular symptoms, characterized by neck pain, headaches, pain and weakness of the shoulders that spread to the upper extremities. The pain is worsened by twisting, turning, bending. In addition, he complains of numbness and tingling involving the middle, ring and little finger. Also, the injured worker complains of low back pain that increases with twisting, bending and turning. The injured worker is reported to be complaining of suicidal ideation with death thoughts but no plan or intention of harm. He has no harm agreement, and he has had one year of psychotherapy. The physical examination revealed limited range of movement of then neck, marked tenderness at the L6-7 posteriorly, moderate to severe guarding and spasms of the cervical muscles; Limited range of motion of the lumbar spine, marked tenderness at L4-L5, L5-S1, moderate tenderness of the left sciatic notch, weakness of the left anterior tibialis and left great toe extensor. The worker has been diagnosed of Cervical post laminectomy syndrome, s/p C3-4, C4-5, and C5-6 ACDF, 06/2011; bilateral upper extremity radiculopathy, left greater than right; S/P L4-5 and L5-S1 Laminectomy discectomy, 2008; positive discogram at L4-5 and L5-S1, 02/13/2012; reactionary depression/anxiety; medication induced gastritis; Cervical spondylosis without myelopathy, other unspecified disc D/O Lumbar region. Treatments have included surgeries, epidural steroid injections, physical therapy, Cognitive behavioral therapy, Norco, Nexium, Lunesta, Lyrica, Cyclobenzaprine, Welbutrin, and Buspirone . At dispute is the request for Follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Discussion Page(s): 8.

Decision rationale: The injured worker sustained a work related injury on 11/01/2006. The medical records provided indicate the diagnosis of Cervical post- laminectomy syndrome S/P C3-4, C4-5, and C5-6 ACDF, 06/2011; bilateral upper extremity radiculopathy, left greater than right; S/P L4-5 and L5-S1 Laminectomy discectomy , 2008; positive discogram at L4-5 and L5-S1, 02/13/2012; reactionary depression/anxiety; medication induced gastritis; Cervical spondylosis without myelopathy; other unspecified disc D/O Lumbar region Treatments have included surgeries, epidural steroid injections, physical therapy, Cognitive behavioral therapy, Norco, Nexium, Lunesta, Lyrica, Cyclobenzaprine, Welbutrin, and Bupirone. The medical records provided for review do not indicate a medical necessity for Follow up visit for psychological consultation. The records indicate the injured worker has had one year of psychotherapy but has continued to complain of death thoughts. The MTUS recommends that continuation or modification of pain management should be based on evaluation of progress toward treatment objectives, and to consider use of other therapeutic modalities if the outcome is unsatisfactory. Therefore, the requested follow up is not medically necessary and appropriate.