

Case Number:	CM14-0190186		
Date Assigned:	11/20/2014	Date of Injury:	02/07/2005
Decision Date:	01/08/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/12/2014

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 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:

50 year old male claimant with an industrial injury dated 02/07/05. Conservative treatments have included medication, and a steroid injection to the left C5-6 dated 02/24/14 in which provided 70% pain relief. Exam note 03/20/14 states the patient returns with left upper extremity pain. The patient explains that he does have improved mobility in his back and decreased severe headaches since the injection. The patient states that his lower back pain is radiating to the left lower extremity. It is noted that the patient has multilevel disc disease with electrodiagnostic findings consistent with left L5 and S1 radiculopathy. The patient relies on a cane to aid in mobility but remains a high fall risk and is requesting a four-wheeled walker. Upon physical exam the patient moves slowly with an antalgic gait favoring the left lower extremity. There was pain to palpation of the lumbar musculature and muscle rigidity noted. Range of motion of the lumbar spine reveals that the patient can forward flex and bring his fingertips below his knees and can extend to 20'. The straight-leg raise is modified in a sitting position and is positive bilaterally at full extension. The patient had a decreased sensory exam in the S1 and L5 distribution on the left. There was tenderness surrounding the posterior cervical musculature along with increased muscle rigidity. The patient demonstrated a decreased range of motion with muscle guarding. Motor strength was noted as 4-4+/5 in the left upper extremity with a 5/5 on the right. The patient's deep tendon reflexes were a 2/4 throughout the upper extremities as well. Treatment includes a continuation of medication, 10 psycho-therapy sessions, physical therapy sessions, and a four-wheeled walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Follow up visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2004 ACOEM Guidelines-cervical and thoracic spine disorders and on the Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127

Decision rationale: Per the CA MTUS ACOEM 2004, Chapter 7, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the exam note from 3/20/14 does not demonstrate any significant objective evidence or failure of conservative care to warrant a follow up visit. Therefore the request is not medically necessary.