

Case Number:	CM14-0202448		
Date Assigned:	12/15/2014	Date of Injury:	06/10/2009
Decision Date:	01/29/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/03/2014

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 Physical Medicine Rehabilitation 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 65 year-old patient sustained an injury on 6/10/09 while employed by [REDACTED]. Request(s) under consideration include General Orthopedic Follow-Ups x 3 with Treating Physician. Diagnoses include lumbar spine stenosis/ HNP/ L5 spondylolysis/ radiculopathy; thoracic sprain/strain; cervical sprain/strain/ possible radiculopathy; right shoulder rotator cuff tear/ impingement and bursitis; and right sacroiliitis. Conservative care has included medications, chiropractic treatment, physical therapy, acupuncture, lumbar epidural injections, occipital nerve blocks, and modified activities/rest. The patient continues to treat for chronic ongoing low back and neck symptoms with radiation and associated numbness and tingling in hands and legs. Exam showed unchanged findings of tenderness at cervical and lumbar paraspinous regions; decreased range at cervical and lumbar spine with positive Gaenslen, Faber, compression distraction; diffuse decreased sensation at right C5, C6 and left L4, L5, and S1 dermatomes with 4+/-5-/5 motor strength in extremities. Medications list Medrox patch, Flexeril, Neurontin, Prilosec. The patient remained Permanent & Stationary. Treatment plan included multiple follow-ups with specialists including orthopedist and ENT with continued medications and injections. The request(s) for General Orthopedic Follow-Ups was modified to approve x 2 with Treating Physician was non-certified on 11/20/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

General Orthopedic Follow-Ups with Treating Physician x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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- Independent Medical Examinations and Consultations, page 127.

Decision rationale: Guidelines state office visits and follow-ups are determined to be medically necessary and play a critical role in the proper diagnosis and treatment based on the patient's concerns, signs and symptoms, clinical stability along with monitoring of medications including opiates. Determination of necessity requires individualized case review and assessment with focus on return to function of the injured worker. Submitted reports have not adequately demonstrated any changed symptoms or findings requiring surgical intervention. There is no report of new injuries, acute flare-ups, or red-flag conditions as the patient continues treating with multiple providers for chronic ongoing symptoms without positive provocative testing or red-flag conditions and has been deemed P&S. The General Orthopedic Follow-Ups with Treating Physician x 3 is not medically necessary and appropriate.