

Case Number:	CM15-0009574		
Date Assigned:	01/28/2015	Date of Injury:	02/22/2013
Decision Date:	03/18/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/16/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 (IW) is a 71 year old female, who sustained an industrial injury on April 5, 2014. She has reported neck and low back pain with radiating pain to the lower extremities and was diagnosed with lumbar, cervical and thoracic sprain. Treatment to date has included radiographic imaging, diagnostic studies, pain medication, lifestyle modifications and treatment modalities. Currently, the IW complains of neck and upper and lower back pain with radiating pain to the lower extremities. The injured worker reported pain as previously described since an industrial injury in April of 2014. She continued to report pain in spite of some noted conservative therapies. On August 11, 2014, she reported continued pain. A request was made for further radiographic imaging. On September 3, 2014, the pain continued and a pain injection was ordered. Evaluation on October 10, 2014, evaluation revealed improved pain after the injection however the residual pain was still of moderate intensity. A follow up was scheduled. On December 22, 2014, Utilization Review non-certified a request for a follow up OV for injections, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 17, 2015, the injured worker submitted an application for IMR for review of requested follow up OV for injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit with Physiatrist, quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations, Pages 503-524

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 179-180, 296. Decision based on Non-MTUS Citation Neck and Upper Back and Low Back, Office Visits

Decision rationale: ODG states concerning office visits "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, 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 health care system through self-care as soon as clinically feasible" ACOEM states in the neck and upper back section "Referral for surgical consultation is indicated for patients who have:- Persistent, severe, and disabling shoulder or arm symptoms- Activity limitation for more than one month or with extreme progression of symptoms- Clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term- Unresolved radicular symptoms after receiving conservative treatment ACOEM additionally states concerning low back complaints: "Assessing Red Flags and Indications for Immediate Referral Physical-examination evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for immediate consultation. The examination may further reinforce or reduce suspicions of tumor, infection, fracture, or dislocation. A history of tumor, infection, abdominal aneurysm, or other related serious conditions, together with positive findings on examination, warrants further investigation or referral. A medical history that suggests pathology originating somewhere other than in the lumbosacral area may warrant examination of the knee, hip, abdomen, pelvis or other areas."The treating physician has not provided documentation of a new injury, re-injury, or red flag symptoms. As such, the request for Follow up visit with Physiatrist, quantity: 1 is not medically necessary at this time.