

Case Number:	CM15-0105038		
Date Assigned:	06/09/2015	Date of Injury:	04/07/2005
Decision Date:	07/16/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/01/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 51 year old male, who sustained an industrial injury on 4/7/05. He reported neck and low back pain. The injured worker was diagnosed as having lumbar disc syndrome, status post transpedicular lumbar fixation at L4-S1, left lower extremity radicular symptoms, intermittent right L5 radicular symptoms, hypertension, depression, cervical sprain and strain rule out herniated nucleus pulposus, cervical radiculopathy, chronic shoulder pain, and right wrist sprain/strain. Treatment to date has included C6-7 spinal fusion, L4-5 surgery, psychiatric treatment, injections, physical therapy and medication. Currently, the injured worker complains of low back pain. The treating physician requested authorization for a 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: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, follow up evaluation.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states follow up evaluation is based on medical need as dictated by response to treatment and ongoing complaints. Based on the provided clinical documentation for review and the patient's ongoing pain, the request is medically necessary.