

Case Number:	CM15-0131591		
Date Assigned:	07/20/2015	Date of Injury:	07/18/2013
Decision Date:	08/13/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/08/2015

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 53 year old male, who sustained an industrial injury on 07/18/2013, secondary to constant twisting and lifting on the job. On provider visit dated 06/03/2015 the injured worker has reported low back and left lower extremity pain. Physical exam was noted as unchanged from the previous visit. The diagnoses have included lumbago, facet syndrome, and lumbar disc displacement without myelopathy, pain in joint of pelvic region and thigh and pain in joint of multiple sites. Treatment to date has included medication, physical therapy and status post left hip arthroscopy. The provider requested six monthly follow up evaluations with a pain medicine specialist (low back, left lower extremity).

IMR ISSUES, DECISIONS AND RATIONALES

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

Six monthly follow up evaluations with a pain medicine specialist (low back, left lower extremity): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) medical reevaluation.

Decision rationale: The ACOEM and the California MTUS do not specifically address the requested service. The ODG states follow up evaluations are based on medical need as dictated by response to treatment and ongoing complaints and symptoms. The request is for 6 follow up visits. Future response to treatment and ongoing need cannot be determined for 6 follow up visits and therefore the request is not medically necessary.