

Case Number:	CM15-0139228		
Date Assigned:	07/29/2015	Date of Injury:	01/27/2013
Decision Date:	09/03/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/17/2015

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: Texas, California
 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:

This is a 50 year old male patient, who sustained an industrial injury on 1/27/2013. He sustained the injury while using a wrench to crank on a steam pipe line. Diagnoses include chronic thoracic spine pain, history of lumbar fusion at L5-S1, 2011 (non- industrial) and failed right T9-10 transforaminal epidural steroid injection (TSEFI) (9/2014). Per the Primary Treating Physician's Progress Report dated 6/17/2015, he had complaints of ongoing thoracic and low back pain with some flares on occasion. Per the Primary Treating Physician's Progress Report dated 3/05/2015, he had complaints of ongoing mid back and low back pain. Physical examination revealed ongoing tenderness to the thoracic paraspinal muscles extending to the lumbar paraspinal muscles. The medications list is not specified in the records provided. He has had thoracic spine MRI dated 1/29/2013 which revealed right sided disc protrusion at T9-10. She has undergone lumbar fusion in 2011 (non industrial). Treatment to date has included diagnostics, home exercise, TFESI, medications and physical therapy. The plan of care included a cold therapy lumbar spine Velcro brace with reusable ice packs for cold therapy and follow-up care in three months. Authorization was requested 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 in 3 months (thoracic spine): 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) 2015.

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: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise". Per the records provided patient had ongoing mid back and low back pain with occasional flare up. Physical examination revealed ongoing tenderness to the thoracic paraspinal muscles extending to the lumbar paraspinal muscles. He has had thoracic MRI with abnormal findings. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. Therefore follow up is medically appropriate and necessary to address occasional flare up/exacerbations. The request for Follow up in 3 months (thoracic spine) is medically appropriate and necessary for this patient at this juncture.