

Case Number:	CM15-0142267		
Date Assigned:	08/04/2015	Date of Injury:	07/31/2007
Decision Date:	09/04/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/23/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41 year old male, who sustained an industrial injury on 7-31-07. The injured worker has complaints of neck, right shoulder and low back pain. The documentation noted that range of motion of the cervical, thoracic and lumbar spines is decreased in all planes and tenderness to palpation in the cervical, thoracic and lumbar spine with spasms noted in the cervical and lumbar region. The diagnoses have included chronic low back pain; cervical and lumbar radiculopathies and multiple herniated nucleus pulposus (HNP) of the lumbar spine. Treatment to date has included electromyography/nerve conduction study of the bilateral lower extremities; injections; chiropractic therapy; right shoulder surgery; tylenol without benefit; ibuprofen without benefit; tramadol caused anger problems; norco for pain; norflex helps reduce spasms; naproxen for pain; prilosec reduces induced gastritis and nauseas and lunesta to help reduce pain and increase ability to sleep and magnetic resonance imaging (MRI) of the lumbar spine, cervical spine and right shoulder. The request was for return appointment in two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Return appointment in two weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

Decision rationale: The patient presents on 06/05/15 with neck, right shoulder, and lower back pain rated 9/10. The patient's date of injury is 07/31/07. Patient is status post lumbar ESI on 05/22/15. The request is for RETURN APPOINTMENT IN TWO WEEKS. The RFA was not provided. Physical examination dated 06/05/15 reveals tenderness to palpation of the cervical, thoracic, and lumbar spine with spasms noted, positive straight leg raise test bilaterally, and decreased sensation along the C5 through C8 and L4 through S1 dermatomal distributions bilaterally. The patient is currently prescribed Norco, Norflex, Naproxen, Prilosec, and Lunesta. Diagnostic imaging included lumbar MRI dated 12/10/12, significant findings include: "L3-L4 4mm posterior disc protrusion present and disc desiccation is present... L5-S1 level shows a 6-7mm posterior and right posterior lateral disc protrusion present and disc desiccation is present." Patient is currently classified as permanent and stationary. Regarding follow-up visits, MTUS guidelines page 8 has the following: The physician treating in the workers' compensation system must be aware that just because an injured worker has reached a permanent and stationary status or maximal medical improvement does not mean that they are no longer entitled to future medical care. The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. In this case, the treating physician is requesting a follow-up visit to monitor this patient's continuing spine pain. Progress note dated 06/05/15 indicates that this request is for a follow-up visit to re-assess medications and discuss further treatment options. The patient is also status post an ESI as well for which a follow-up in two weeks is reasonable. While MTUS does not explicitly state how many follow-up visits are considered appropriate, regular follow up visits are an appropriate measure and the provider is justified in seeking re-assessments to monitor this patient's condition. Therefore, the request is medically necessary.