

Case Number:	CM15-0149181		
Date Assigned:	08/12/2015	Date of Injury:	04/10/2005
Decision Date:	09/11/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/31/2015

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 57 year old female, who sustained an industrial injury on 4-10-05. She reported pain in her neck, lower back, left upper extremity and left lower extremity. The injured worker was diagnosed as having L5 radiculopathy, L3-L4 and L4-L5 disc bulge and depression secondary to chronic pain. Treatment to date has included an L4-L5 and L5-S1 facet rhizotomy-neurotomy on 1-31-13 with 60-80% improvement for 3-4 months, left knee arthroscopic surgery x 2, Tramadol and Vicodin. Current medications include Fentanyl, Dilaudid, Lyrica, Prevacid and Cymbalta. As of the PR2 dated 6-18-15, the injured worker reports increased lower back and left leg pain over the last six weeks. She has started seeing a psychiatrist, who started her on Wellbutrin and Zolpidem. She rates her pain a 3 out of 10 with medications and an 8 out of 10 without medications. Objective findings include lumbar flexion is 20 degrees, extension is 15 degrees and a positive straight leg raise test on the left. The treating physician requested a med follow-up every other month through 9-17-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Med Follow-up every other month through 09/17/15: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 80, 92. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303.

Decision rationale: This patient presents with chronic pain in her neck, lower back, left upper extremity and left lower extremity. The current request is for Med Follow-up every other month through 09/17/15. The RFA is dated 06/17/15. Treatment to date has included an L4-L5 and L5-S1 facet rhizotomy-neurotomy on 1-31-13, left knee arthroscopic surgery x 2, physical therapy, Tramadol and Vicodin. The patient is to return to work with modifications. ACOEM Guidelines, chapter 12, low back, page 303, has the following regarding follow-up visits, "Patients with potentially work-related low back complaints should have follow-up every 3 to 5 days by mid-level practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns." According to progress report 06/17/15, the patient reports increased lower back and left leg pain over the last six weeks. She has started seeing a psychiatrist, who started her on Wellbutrin and Zolpidem. She rates her pain a 3 out of 10 with medications and an 8 out of 10 without medications. Objective findings include lumbar flexion is 20 degrees; extension is 15 degrees and a positive straight leg raise test on the left. A request was made for "CBT psychotherapy, Psych Med consult; Med follow up every other month through 07/17/15." Follow up visits are support by ACOEM. In this case, the patient has a long history of chronic pain, and long-term opiate use. Given the patient's chronic pain and medication intake follow-up visits up until 09/17/15 are within ACOEM Guidelines. The requested follow-up-visits are medically necessary.