

Case Number:	CM15-0168238		
Date Assigned:	09/08/2015	Date of Injury:	04/05/2011
Decision Date:	10/22/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/26/2015

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, Pain Management

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 48 year old female who sustained an industrial injury on 4-5-11 from a lifting incident causing her to fall backwards with 80 pounds on top of her causing spinal pain. Diagnoses include lumbar radiculopathy; left shoulder impingement syndrome; lumbar spinal fusion (4-21-15); left shoulder acromioclavicular joint arthrosis; rotator cuff tear; chest contusion, secondary to lumbar spine injury; loss of sleep; psychological component; sarcoma. She currently complains of constant left shoulder pain radiating to the left rib cage, left breast with hand weakness and cramping and with a pain level of 7 out of 10; constant low back pain radiating to the neck, mid back both legs with weakness and cramping and with a pain level of 9 out of 10 (she has fallen due to lower extremity weakness (3-31-15 note); she is experiencing loss of sleep due to pain; depression; anxiety and irritability. On physical exam there was tenderness on palpation of the lumbar paravertebral muscles with muscle spasms, decreased lumbar spine range of motion; left shoulder shows tenderness to palpation with muscle spasms and Neer's and Hawkin's cause pain. She ambulates with a cane. Diagnostics include MRI of the lumbar spine (1-20-15) showing posterior disc protrusion, left neural foraminal narrowing. Treatments to date include medications: Norco, Xanax; low back supports; her symptoms worsened despite acupuncture, massage, hot and cold packs; two epidural injections without benefit; physical therapy; psychological evaluation. A request for authorization was not available. In the progress note dated 7-6-15 the treating provider requested follow up for orthopedist; orthopedic surgeon; neurosurgeon. On 7-23-15 utilization review non-certified the requests for 2 follow up visits with an orthopedist between 6-4-15 and 9-5-15; 2 follow up visits

with an orthopedic surgeon between 6-4-15 and 9-5-15; 2 follow up visits with a neurosurgeon between 6-4-15 and 9-5-15; 2 follow up visits with a psychologist between 6-4-15 and 9-5-15; 2 follow up visits with a chiropractor between 6-4-15 and 9-5-15. A progress report dated July 21, 2015 identifies subjective complaints of left shoulder pain and low back pain with weakness in the legs. The diagnoses include left shoulder dysfunction and lumbar radiculopathy. The treatment plan recommends appointment with a psychiatrist on July 27, 2015, appointment with a psychologist on July 30, 2015, aquatic therapy, urine toxicology screen, Norco, and Xanax. A progress report dated July 6, 2015 recommends aquatic therapy, left shoulder surgery, follow-up with ortho, psychologist, ortho surgeon, and neurosurgeon. A neurosurgical report dated June 22, 2015 recommends follow-up after completing aquatic therapy. A psychological consultation dated March 26, 2015 requests follow-up consultations once a month for 6 to 9 months in psychotherapy. Additionally, a psychiatrist is recommended to maintain the patient's current permanent and stationary level. A progress report dated January 26, 2015 indicates that the patient has suicidal ideation and recommends a psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two follow up visits with an orthopedist: Upheld

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 Official Disability Guidelines (ODG) Chronic Pain Chapter, Office visits.

Decision rationale: Regarding the request for Two follow up visits with an orthopedist, California MTUS does not specifically address the issue. ODG cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring". The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Within the documentation available for review, it is unclear where the patient requires a follow-up visit with an orthopedic surgeon (orthopedist). There is no statement indicating why follow-up would be necessary. Additionally, there are no recent orthopedic surgery notes identifying a need for further follow-up. In the absence of clarity regarding those issues, the currently requested Two follow up visits with an orthopedist are not medically necessary.

Two follow up visits with an orthopedic surgeon: Upheld

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 Official Disability Guidelines (ODG) Chronic Pain Chapter, Office visits.

Decision rationale: Regarding the request for Two follow up visits with an orthopedist, California MTUS does not specifically address the issue. ODG cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring". The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Within the documentation available for review, it is unclear where the patient requires a follow-up visit with an orthopedic surgeon (orthopedist). There is no statement indicating why follow-up would be necessary. Additionally, there are no recent orthopedic surgery notes identifying a need for further follow-up. In the absence of clarity regarding those issues, the currently requested Two follow up visits with an orthopedist are not medically necessary.

Two follow up visits with a neurosurgeon: 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 Official Disability Guidelines (ODG) Chronic Pain Chapter, Office visits.

Decision rationale: Regarding the request for Two follow up visits with a neurosurgeon, California MTUS does not specifically address the issue. ODG cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring". The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Within the documentation available for review, it appears the patient has recently seen a neurosurgeon. Additionally, the neurosurgeon recommended conservative care with follow-up after that conservative care was completed. As such, the currently requested Two follow up visits with a neurosurgeon are medically necessary.

Two follow up visits with a psychologist: 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 Official Disability Guidelines (ODG) Chronic Pain Chapter, Office visits.

Decision rationale: Regarding the request for Two follow up visits with a psychologist, California MTUS does not specifically address the issue. ODG cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring". The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Within the documentation available for review, it appears the patient has psychiatric issues including anxiety, depression, and suicidal ideation. A psychological evaluation recommended psychological treatment to address these issues. As such, the currently requested Two follow up visits with a psychologist are medically necessary.

Two follow up visits with a chiropractor: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Office visits.

Decision rationale: Regarding the request for Two follow up visits with a chiropractor, California MTUS does not specifically address the issue. ODG cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring." The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Within the documentation available for review, it appears the patient's treating [REDACTED] is a chiropractor. Numerous conservative options and specialty follow-up visits have been recommended. As such, follow-up is indicated. Therefore, the currently requested Two follow up visits with a chiropractor are medically necessary.