

Case Number:	CM15-0181365		
Date Assigned:	09/22/2015	Date of Injury:	10/28/2007
Decision Date:	11/03/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/15/2015

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, Hawaii

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 33 year old female, who sustained an industrial-work injury on 10-28-07. A review of the medical records indicates that the injured worker is undergoing treatment for cervical strain and sprain, right shoulder sprain and strain, right shoulder impingement, right hip pain, cervical disc protrusion, lumbar radiculopathy, panic disorder and depression. Treatment to date has included pain medication, psychiatric, physical therapy and chiropractic with 25 percent relief of pain, previous epidural steroid injection (ESI) with anaphylaxis and poor outcome, off work, activity modification and other modalities. Medical records dated (5-11-15 to 7-11-15) indicate that the injured worker complains of low back pain and neck pain that radiates to the bilateral shoulders, bilateral upper extremities, bilateral hips and bilateral lower extremities. The pain is rated 7 out of 10 on pain scale, which has been unchanged. Per the treating physician report dated 6-2-15 the injured worker has not returned to work. The physical exam dated 7-7-15 reveals that the injured worker is upset with her urine test and admits to taking Phentermine for weight loss. There is pain with extension of the cervical spine and there is painful left lateral rotation of the cervical spine. Left lateral flexion is associated with pain. The lumbar exam reveals that there is pain in the lumbar region while flexing anteriorly, there is pain noted with lumbar extension, left lateral flexion reveals pain and right lateral flexion reveals pain. The injured worker was unable to do heel or toe walk. The straight leg raise was positive bilaterally at 75 degrees. There are no changes noted from the previous exam. The request for authorization date was 8-12-15 and requested services included Follow-up office visits times 2. The original Utilization review dated 8-14-15 modified the request to Follow-up office visits times 1 as per the guidelines further visits are based on the necessity established at each visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up office visits x 2: 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), Pain - Office visits.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits.

Decision rationale: The patient presents with low back, neck pain radiating to the bilateral shoulders, bilateral upper extremity, bilateral lower extremity and bilateral hip pain. The current request is for Follow up office visit x 2. The treating physician's report making the request was not made available. The ACOEM Guidelines page 341 supports orthopedic follow-up evaluations every 3 to 5 days whether in-person or telephone. Records show that the patient last saw the physician on 08/11/2015. In this case, the follow-up visits requested are supported by the ACOEM guidelines. The current request is medically necessary.