

Case Number:	CM15-0182487		
Date Assigned:	09/23/2015	Date of Injury:	11/17/2000
Decision Date:	11/09/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/16/2015

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, North Carolina
 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:

The injured worker is an 82 year old female, who sustained an industrial injury on 11-17-2000. She has reported injury to the low back. The injured worker has been treated for low back pain; lumbar spinal stenosis; lumbar facet arthropathy; lumbar radiculopathy; right and left sacroiliac joint pain; left hip pain; and status post lumbar spine surgery syndrome. Treatments have included medications, diagnostics, activity modifications, TENS (transcutaneous electrical nerve stimulation) unit, acupuncture, physical therapy, chiropractic therapy, and surgical intervention. It is noted in the submitted documentation that the use of the TENS unit, heat therapy, acupuncture, chiropractic, and physical therapy have been helpful. Medications have included Norco, Dilaudid, Neurontin, Celebrex, Lidoderm Patch, and Voltarel Gel. A progress report from the treating physician, dated 08-21-2015, documented an evaluation with the injured worker. The injured worker reported low back pain; the pain is rated as a 9 out of 10 in intensity; the symptoms have been present 100% of the day; the symptoms are worse in the morning; the pain is described as sharp and aching; left sacroiliac pain is rated at 8 out of 10 in intensity, and described as numb, sharp, aching, and constant; left sacroiliac pain is rated at 6 out of 10 in intensity, and is described as sharp, aching, and constant; she had a flare up of pain on 08-20-2015 as she did some house chores and had pain; and the pain hinders daily activities, sleep, walking, and movement. Objective findings included moderately to severely taut and tender fibers on palpation of the bilateral lumbar spine; lumbar ranges of motion are moderately to severely reduced; and lumbar extension is severely reduced. The treatment plan has included the request for outpatient 6 office visits. The original utilization review, dated 09-10-2015, modified

a request for outpatient 6 office visits, to recommend certification of outpatient one (1) office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient 6 office visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: ACOEM Guidelines, Chapter 7, page 127 indicates that follow-up visits with specialist are appropriate. In this case, the patient injured his back and knees moving furniture 15 years ago. He has undergone multiple surgical procedures to his lumbar spine. He was recently seen for a flare-up of symptoms in the LS spine, right and left SI joints and left hip. The request is for 6 additional follow-up outpatient visits. There is no rationale presented for the number of outpatient visits. One visit should be adequate how the patient is progressing with treatment for the acute flare-up. Six additional follow-up visits is not reasonable and not medically necessary or appropriate.