

Case Number:	CM15-0188504		
Date Assigned:	09/30/2015	Date of Injury:	12/23/2006
Decision Date:	11/10/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/24/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 45-year-old female who sustained an industrial injury 12-23-06. A review of the medical records reveals the injured worker is undergoing treatment for chronic sprain of the lumbar spine, discogenic low back pain, right hip pain, sprain, and trochanteric bursitis; severe depression, and a recent fall with possible concussion on a non-industrial basis in 06-15. Medical records (08-03-15) reveal the injured worker complains of pain in the lower back radiating down her right leg and foot. The physical exam (08-03-15) reveals the injured worker was formally tested with a Tinetti score by a physical therapist and it was elevated and the injured worker is at significant fall risk. Cervical range of motion is decreased by 10%, and lumbar spine range of motion is limited as well. Upper and lower extremity strength is noted at 4/5 bilaterally. Diminished sensation is noted in the lower extremities in L3-S1. The injured worker is noted to be impeccable groomed, has lost 20 pounds and has gotten a haircut. Prior treatment includes medications including Relafen, Hydrocodone, Clonazepam, Venlafaxine, Vicodin, and baclofen; physical therapy, home exercise program, a TENS unit, and injections therapy, as well as completion of a Functional Restoration program on 03-18-15. The treating provider reports the plan is for the injured worker to seek medical attention for her head injury in June, follow-up with the physician who manages her medications and a follow-up up with the treating provider in 3 months. The original utilization review (08-28-15) non-certified the request for a 4 hour reassessment visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Reassessment, one visit, four hours: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, office visits.

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

Decision rationale: This worker has been injured since 2006 and has chronic pain and disability with extensive diagnostic and therapeutic treatments provided. Physician follow-up is appropriate when a release to modified, increased, or full-duty work is needed, or after appreciable healing or recovery is expected. In this case, the worker "appreciable" healing and recovery is not expected as the symptoms are chronic. The medical necessity of a 4-hour follow up visit is also not substantiated with regards to goals for function or further treatment. The overall denial is appropriate.