

Case Number:	CM15-0189301		
Date Assigned:	10/01/2015	Date of Injury:	01/16/2007
Decision Date:	11/09/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	09/25/2015

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 61 year old male, who sustained an industrial-work injury on 1-16-07. He reported initial complaints of low back and right leg pain. The injured worker was diagnosed as having lumbar strain and degenerative disc disease, status post anterior lumbar fusion at L4-5, chronic low back pain syndrome, chronic pain syndrome, status post multiple right knee surgeries and recent total knee replacement. Treatment to date has included medication, surgery (anterior fusion at L4-5 in 2009), physical therapy (minimum benefit), injections (nerve block with 2 week benefit), and diagnostics. Currently, the injured worker complains of constant low back pain with associated weakness into the right lower extremity. Pain is described as achy, shooting, tingling, and deep. Pain is rated 3-8 out of 10 in the back, right gluteus is 3-6 out of 10, and right leg is 3-7 out of 10. Medications include Lidocaine patch 5%, Norco, Tramadol 200 mg, Lunesta 3 mg, and Amrix 15 mg. Per the pain management consultation on 8-13-15, exam noted an antalgic gait. The lumbar spine exam notes pelvic obliquity with the left higher than the right by 1 cm, diffuse tenderness in the lumbopelvic region with decreased range of motion about 50%. The lower extremities exam notes atrophy of the right calf and swelling of the right knee with recent total knee surgery, strength is symmetrical at 5 out of 5, decreased range of motion of right knee in extension, decreased sensation over the right knee, supine straight leg raise is positive at 70 degrees. The Request for Authorization requested service to include Follow-Up Visit QTY: 4. The Utilization Review on 9-25-15 modified the request for Follow-Up Visit QTY: 1, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines; Low back Complaints 2004.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-Up Visit QTY: 4: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

Decision rationale: Review indicates the request for 4 follow-up visits was modified for one visit. Guidelines state office visits and follow-ups are determined to be medically necessary and play a critical role in the proper diagnosis and treatment based on the patient's concerns, signs and symptoms, clinical stability along with monitoring of medications including opiates. Determination of necessity requires individualized case review and assessment with focus on return to function of the injured worker. Submitted reports have not adequately demonstrated acute symptoms or red flag conditions and clinical findings to allow for continued arbitrary follow-up intervention and care and future care with multiple visits cannot be pre-determined as assessment should be made according to presentation and clinical appropriateness. The patient continues to treat for chronic symptoms without any acute flare, new injury, or progressive deterioration to predict future outcome; Undetermined and excessive quantity of follow-up visits is not medically indicated for this chronic 2007 injury. The Follow-Up Visit QTY: 4 is not medically necessary and appropriate.