MAXIMUS Federal Services

Case Number:	CM15-0190051		
Date Assigned:	10/02/2015	Date of Injury:	09/24/2014
Decision Date:	11/10/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/28/2015

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: Montana
Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old male who sustained an industrial injury on 09-24-2014 when he fell off the back of a truck. This resulted in worsening of a chronic low back condition, neck pain and knee pain. According to an office visit on 05-27-2015 (report dated 09-14-2015), the injured worker reported neck pain, bilateral shoulder pain, low back pain and bilateral leg pain. Treatment to date has included medications, and physical therapy "with not much relief". MRI of the cervical spine showed mild cervical disk disease. MRI of the lumbar spine showed post op changes and fusion at L5-S1 and worsening disk disease with stenosis at L4-5 level. He reported numbness at times in his right leg going down to his heel. He would be seen for a neurosurgical second opinion with a recommendation for lumbar and cervical facet blocks, then a follow up. The injured worker remained off work. Physical examination demonstrated mild cervical and lumbar tenderness, decreased left L5 sensation, deep tendon reflexes decreased all over, positive straight leg raise bilateral left more than right and slow gait. Impression included low back pain-deteriorated. Order included comprehensive detailed report, facet block cervical and facet block lumbar. The injured worker was instructed to follow up in 6 weeks. An authorization request dated 07-16-2015 was submitted for review. The requested services included cervical facet joint injections and lumbar facet joint injections. According to a primary treating physician's progress report dated 08-26-2015, the injured worker reported bilateral neck and low back pain and discomfort. The provider noted that he had a second neurosurgery opinion and wished to proceed with recommended facet block and possible surgery. He was currently awaiting IMR decision. Pain continued to worsen. An authorization requested dated 09-14-2015 was submitted for

review. The requested services included office visit. On 09-16-2015, Utilization Review non-certified the request for a follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit: 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: The ACOEM guidelines note that the practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The consultation service to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act and an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this complex case there is a consultation with a neurosurgical spine specialist with recommendation for continued conservative treatment and no current surgical recommendations. With worsening low back pain and radicular complaints, a neurosurgical second opinion was obtained. That consultant recommended cervical and lumbar facet blocks with follow-up after those procedures were completed. The facet blocks were not certified by utilization review. The primary treating physician's notes indicate that, with worsening symptoms, surgery might be required. As such, the request for a follow-up neurosurgical appointment, to aid in the diagnosis, prognosis, and therapeutic management of this case is medically appropriate, even without the requested facet blocks. The request for neurosurgical follow-up visit is medically necessary.