

<b>Case Number:</b>	CM15-0190984		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	02/06/2011
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 a 31 year old male, who sustained an industrial injury on 2-6-2011. Medical records indicate the worker is undergoing treatment for status post lumbar fusion, cervical myoligamentous sprain-strain, depression, anxiety, gastrointestinal complaints and headaches. The only progress report provided dated 3-26-2015, reported the injured worker complained of neck pain with headache and pain in the lumbar spine. Physical examination revealed cervical spine tenderness with decreased range of motion and lumbar tightness with positive straight leg raise test and significantly reduced range of motion. Treatment to date has included surgery, psychiatric therapy and medication management. The physician is requesting Re-evaluation including 10 units of testing. On 8-26-2015, the Utilization Review noncertified the request for Re-evaluation including 10 units of testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Re-evaluation including 10 units of testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM- Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) medical re-evaluation.

**Decision rationale:** The ACOEM and the California MTUS does not address the requested service. The ODG states that follow up visits are indicated when the patient has continued pain and symptoms and for evaluation of response to treatments. The patient does have ongoing pain complaints that have not resolved or reached a steady state. However the need for additional 10 units of testing is non-specific and continued need and symptoms cannot be determined for that in the future. Therefore the follow up visit is not medically necessary.