

Case Number:	CM15-0194187		
Date Assigned:	10/08/2015	Date of Injury:	01/08/2015
Decision Date:	11/16/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/02/2015

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 63 year old male, who sustained an industrial injury on 1-8-2015. Diagnoses include spinal stenosis, degenerative spondylolisthesis, degenerative disc disease, low back pain, and radiculopathy, status post foraminotomy and laminectomy. On 8-31-15, he complained of ongoing low back pain with radiation to lower extremities and associated with numbness. Pain was rated at best a 4 out of 10 VAS and at worst an 8 out of 10 VAS. The physical examination documented lumbar tenderness in the muscle and facet joints with decreased range of motion and a positive right side straight leg raise test. There was decreased strength in the right lower extremity noted. The medical records indicated a previous request for epidural steroid injections and the records included a transforaminal epidural injection procedure note dated 9-25-15. The appeal requested twelve (12) outpatient follow up visits. The Utilization Review dated 9-1-15, modified the request to allow for one (1) follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient follow up visits for twelve office visits for the low back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Low Back - Office visits.

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 12 follow up visits for back pain cannot be certified as the ongoing need and response to therapy cannot be determined. Therefore, the request is not medically necessary.