

Case Number:	CM15-0207896		
Date Assigned:	10/26/2015	Date of Injury:	04/16/2012
Decision Date:	12/14/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/22/2015

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, Hawaii

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 51-year-old male, with a reported date of injury of 04-16-2012. The diagnoses include low back pain, lumbar radiculitis, lumbar postlaminectomy syndrome, and lumbar disc degeneration. The medical report dated 09-28-2015 indicates that the injured worker complained of mid to low back pain. He reported right-sided radicular symptoms; however, he noted that the symptoms had recently reduced. The injured worker denied tingling, numbness, or loss of bowel or bladder control. He reported right-sided leg weakness. The subjective findings on 08-31-2015 were the same. The injured worker's pain ratings were not indicated in the two medical reports. The treating physician indicates that the CURES report dated 07-7-2015 was "negative for doctor shopping", and the urine drug screen in 06-2015 "shows that he is taking alcohol with medicines. He has been informed to not take any more alcohol". It was noted that an x-ray of the lumbar spine on 12-01-2014 showed satisfactory alignment, and status post discectomy and fusion with significant change. The injured worker was noted to be currently unemployed. He reported difficulty with activities of daily living. The physical examination (09-28-2015) showed a non-antalgic gait; ability to do heel-to-toe and toe-to-heel walk; no tenderness to the lumbar spine; decreased lumbar flexion and extension; decreased lumbar lateral bending and rotation; intact sensation in the lower extremities; positive right straight leg raise test; normal lumbar lordosis; and positive bilateral Patrick maneuver. It was noted that the injured worker was to continue permanent and stationary restrictions. The diagnostic studies to date have included a urine drug screen on 06-09-2015 which was positive for hydrocodone and hydromorphone. Treatments and evaluation to date have included Neurontin, Norco, Soma,

Percocet, Tramadol, anterior lumbar discectomy and fusion at L4-5 and L5-S1 on 01-24-2014, posterior spinal fixation and fusion on the left side at L4-5 and right side at L5-S1 on 01-24-2014, chiropractic care, physical therapy, acupuncture, and a home exercise program. The treating physician requested office follow-up visits. On 10-02-2015, Utilization Review (UR) modified the request for office follow-up visits to one office follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office follow up visits: 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 (Chronic), office visits.

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

Decision rationale: The patient presents with low back pain. The current request is for Office Follow-Up visit. The treating physician's report dated 08/31/2015 (59B) does not address the request. The ACOEM Guidelines page 341 supports orthopedic follow-up evaluations every 3 to 5 days whether in-person or telephone. While a rationale for the request was not provided, the ACOEM Guidelines supports follow-up evaluations. The current request is medically necessary.