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| Case Number: | CM15-0028202 | | |
| Date Assigned: | 02/20/2015 | Date of Injury: | 07/07/2014 |
| Decision Date: | 04/07/2015 | UR Denial Date: | 02/03/2015 |
| Priority: | Standard | Application Received: | 02/13/2015 |

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: Orthopedic Surgery

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 45 year old male, who sustained an industrial injury on July 7, 2014. The diagnoses have included sprain lumbar disc displacement without myelopathy and sciatica. Treatment to date has included acupuncture and medication. Currently, the injured worker complains of continued lumbar spine pain which he describes as constant moderate to severe pain which was throbbing in nature. The injured worker reported that he pain was aggravated by twisting and sitting and the pain radiated into the hips and lower extremities. On examination, the lumbar paraspinal muscles were tenderness to palpation and there was a 3+ spasm. He had a positive straight leg raise bilaterally. Exam note from 1/22/15 demonstrates claimant has completed 6 of 12 sessions of acupuncture. Claimant is noted to be able to lift 15 lbs and has increased activities of daily living. On February 3, 2015 Utilization Review non-certified a request for follow-up evaluation with an orthopedic surgeon with range of motion testing (lumbar, sciatica), noting that the medical necessity of further evaluation with an orthopedic surgeon is not evident without the review of the evaluation from the evaluation previous authorized. The Official Disability Guidelines was cited. On February 13, 2015, the injured worker submitted an application for IMR for review of follow-up evaluation with an orthopedic surgeon with range of motion testing (lumbar, sciatica).

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up Evaluation with an Orthopedic Surgeon with range of motion testing (Lumbar, Sciatica): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Office Visits.

Decision rationale: CA MTUS/ACOEM is silent on office visits. According to the ODG Pain section, Office visits, Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case the exam note from 1/22/15 does not demonstrate complex diagnosis, failure of non-operative management or objective findings to warrant a follow up orthopedic surgeon visit for range of motion testing. Therefore the determination is for non certification.