

<b>Case Number:</b>	CM15-0033525		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	01/20/1999
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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:

This 51 year old woman sustained an industrial injury on 1-20-1999. Evaluations include cervical spine CT scan dated 5-31-2013, cervical spine MRI dated 11-22-2009, and lumbar spine MRI dated 4-2-2006. Diagnoses include cervicgia, lumbar post-laminectomy syndrome, thoracic or lumbosacral neuritis or radiculitis, lumbago, myalgia and myositis, chronic pain syndrome, brachial neuritis or radiculitis, internal derangement of knee, and ankle and foot joint pain. Treatment has included oral medications. Physician notes dated 2-4-2012 show complaints of chronic neck and back pain. The worker states her pain in 9 out of 10 without medications and 8 out of 10 with medications. The physical examination shows mild diffuse tenderness to the cervical spine over the bilateral trapezial and interscapular areas, moderate tenderness over the left interscalene and left levator scapula with range of motion 40% rotation to the left, 30% restricted to the right, flexion 10% restricted with tenderness and tightness and inability to extend and hypoesthesia at the fifth digit on the left hand. Lumbar spine shows diffuse tenderness to palpation across the lumbosacral area extending to the bilateral sacroiliac joints, positive straight leg raise, unable to extend, flexion is 50% restricted, lateral bending is 20% restricted, dysesthesia is noted to the bilateral quadriceps and the bottoms of the bilateral feet and hypoesthesia to the bilateral legs and feet. Bilateral knees have positive crepitus, pain is noted to the medial lateral aspects, and examination is difficult due to pain and guarding. The left knee is worse than the right and the left ankle is painful and numb. Recommendations include continue heat, ice, rest, stretching, home exercise program, continue current medication regimen, acupuncture, and follow up in one month. Utilization Review denied a request for a follow up visit in one month citing that it was unclear why the worker would require monthly visits for an injury that occurred over 16 years prior.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up with [REDACTED] in one month for continued evaluation and medication management:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**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. Therefore, the follow up visit is medically necessary.