

Case Number:	CM15-0038357		
Date Assigned:	03/09/2015	Date of Injury:	03/18/2014
Decision Date:	04/10/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/02/2015

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: California

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 48-year-old male, who sustained an industrial injury on 3/18/14. On 3/2/15, the injured worker submitted an application for IMR for review. The treating provider has reported the injured worker complained of lumbar pain that radiates down the left leg into the foot associated with numbness down the posterior calf and sole of left foot. It is reported the injured worker had an epidural steroid injection at L5-S1 (on 10/20/14) that was of greater than 50% reduction in pain but did not resolve the pain issue. The diagnoses have included intervertebral discopathy without myelopathy; lumbar sprain/strain; muscle spasm; disc bulge L3-4, L4-5 and L5-S1; neurogenic bladder; bladder dysfunctional. Treatment to date is reported as physical therapy; lumbar epidural steroid injections at L5-S1 (9/17/14 and 10/20/14). A Utilization Review was completed on 2/13/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month follow up office visit: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7- Independent Medical Examinations and Consultations, page 127.

Decision rationale: Guidelines state office visits and follow-ups are determined to be medically necessary and play a critical role in the proper diagnosis and treatment based on the patient's concerns, signs and symptoms, clinical stability along with monitoring of medications including opiates. Determination of necessity requires individualized case review and assessment with focus on return to function of the injured worker. Submitted reports have adequately demonstrated continued symptoms and findings to allow for follow-up intervention and care from the provider as indicated to achieve eventual independence from medical utilization and a follow-up visit has been authorized; however, future care with multiple visits cannot be predetermined, as assessment should be made according to presentation and clinical appropriateness. The patient continues to treat for chronic symptoms without any acute flare, new injury, or progressive deterioration to predict future outcome; however, one follow-up visit is medically indicated at this time to assist in the patient's recovery process. The 1-month follow up office visit are medically necessary and appropriate.