

Case Number:	CM15-0086452		
Date Assigned:	05/08/2015	Date of Injury:	05/09/2005
Decision Date:	06/12/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/05/2015

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: Preventive Medicine, Occupational Medicine

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 58 year old female, who sustained an industrial injury on 5/09/2005. She reported acute pain in the back and buttocks while driving a bus. Diagnoses include lumbar sprain/strain, discogenic syndrome, and myofascial pain. She has undergone two right knee surgeries, right shoulder surgery, and two level lumbar fusion. Treatments to date include anti-inflammatory, gabapentin, analgesic, omeprazole, home exercise and a TENS unit. Currently, she complained of chronic low back pain with radiation to lower extremities associated with numbness, tingling and burning sensation. On 3/20/15, the physical examination documented diffuse tenderness to lumbar muscles. The plan of care included a request for a follow up visit in one month for lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit in 1 month, lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303.

Decision rationale: The ACOEM guidelines and the Official Disability Guidelines were both reviewed in regards to follow-up visits after injection. Each reference deals primarily with the acute aspects of an injury. There is no documentation as to why such frequent visits for follow-up would be required. The typical timeframe for follow-up visits in a chronic injury is 3-6 months. Follow up visit in 1 month, lumbar spine is not medically necessary.