

Case Number:	CM15-0232463		
Date Assigned:	12/09/2015	Date of Injury:	12/21/2010
Decision Date:	01/13/2016	UR Denial Date:	11/11/2015
Priority:	Standard	Application Received:	11/25/2015

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:

The injured worker is a 37 year old male, who sustained an industrial injury on 12-21-2010. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbar disc displacement without myelopathy. Medical records (01-12-2015 to 11-09-2015) indicate increased symptoms to the lumbar spine and left lower extremity over the last 2 weeks. No new injury was reported. Pain levels were 0 out of 10 on a visual analog scale (VAS). Activity level and level of functioning were not discussed. Per the treating physician's progress report (PR), the IW was permanent and stationary; however, work status was not specified. The physical exam, dated 11-09-2015 (after the date of request and non-certification), reported a weight of 346 and a non-focal exam. Relevant treatments have included: home exercise program, heat, work restrictions, and medications. The treating physician indicates that the IW was to follow-up in 12 months. The request for authorization was not available for review; however, the utilization review letter stated that the following service was requested on 11-04-2015: one (1) follow-up for lumbar spine injury. The original utilization review (11-11-2015) non-certified the request for one (1) follow-up for lumbar spine injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Follow up lumbar spine injury: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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 California MTUS and ACOEM do not directly address the requested service. The ODG states follow up visits are indicated based on ongoing need due to continuation of treatment and failure or monitoring of response to treatment. The request is for follow up for one-year post surgery with no documentation of ongoing complaints or change in status that would necessitate a one-year follow-up in a patient that is stable post surgery. Therefore, the request is not medically necessary.