

<b>Case Number:</b>	CM14-0124575		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	07/27/2011
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 51 year old male who sustained multiple injuries on 01/17/2007 when he was rear-ended in his vehicle. Prior treatment history has included lumbar spine epidural steroid injection, physical therapy, and home exercise program. Progress report dated 02/28/2014 states the patient continues to have ongoing low back pain and neck pain. He reported he was taking Norco 10/325 mg and using Terocin patches to help with his pain and allow him to decrease his oral medications. He rated his pain as a 9/10. On exam, he has tenderness to palpation of the cervical and lumbar spine with spasms appreciated. Cervical spine range of motion was decreased. The patient is diagnosed with spondylolisthesis at L4-L5 and L5-S1; bilateral L5 pars defects, multilevel disc herniations of cervical spine with moderate to severe neural foramen narrowing; and thoracic disc herniations at T1-T2 and T3-T4. The patient was recommended for a general practitioner follow-up regarding abdominal pain and headaches. Prior utilization review dated 07/10/2014 states the request for General Practitioner Follow Up is denied as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**General Practitioner Follow Up:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, 18th Edition 2013 low back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent medical examination and consultation, page(s) 503

**Decision rationale:** The MTUS (ACOEM) guidelines state: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In this case, MRI report dated 5/20/12 showing degenerative disc disease and facet changes in multiple levels with cervical stenosis at C3-4 and C4-5 that was moderate to severe in nature. Therefore, the decision for general practitioner follow is medically necessary based on guidelines.