

Case Number:	CM14-0127747		
Date Assigned:	08/15/2014	Date of Injury:	11/01/2010
Decision Date:	10/14/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/11/2014

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 Occupational Medicine 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:

This is a 31-year-old female with an 11/1/10 date of injury. A specific mechanism of injury was not described. According to a handwritten progress report dated 7/21/14, the patient complained of frequent, moderate lumbar spine pain radiating back lower extremities with neuralgias and tingling. The provider is requesting bilateral L5-S1 laminar foraminotomy and microdiscectomy. He is recommending a follow-up once surgery is authorized. Objective findings: decreased and painful range of motion, tenderness to paraspinal muscles. Diagnostic impression: L5-S1 disc herniation, foraminal stenosis. Treatment to date is medication management, activity modification and physical therapy. A UR decision dated 7/18/14 denied the request for follow-up appointment in 6 weeks (left knee). It is unclear as to what follow-up is requested. If this request is for routine post-operative follow-up, then it would be considered reasonable and medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up appointment in 6 weeks (left knee): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC 2014, Office visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Office Visits

Decision rationale: CA MTUS does not specifically address this issue. ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. It is noted that the provider is requesting a follow-up appointment once the patient's surgery is authorized. However, it is unclear if the surgery has been authorized. As a result, this associated request cannot be substantiated at this time. Therefore, the request for Follow-up appointment in 6 weeks (left knee) was not medically necessary.