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| Case Number: | CM14-0140590 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 09/20/1996 |
| Decision Date: | 10/10/2014 | UR Denial Date: | 08/06/2014 |
| Priority: | Standard | Application Received: | 08/29/2014 |

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 Illinois. 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 injured worker is a 45 year old male with a reported date of injury on 09/20/1996. The mechanism of injury was not listed in the records. The diagnoses included failed back surgery syndrome. The past treatment included pain medication and surgery. The diagnostics consisted of a CT myelogram performed in 2008 was noted to reveal transitional degeneration at L3-L4 with retrolisthesis. The surgical history included lumbar fusion at L4-S1. The subjective complaints on 07/30/2014 included back and bilateral hip pain. The physical examination noted diminished Achilles reflexes, patellar reflexes rated 2/4, and intact neurologic status to bilateral lower extremities. The medications consisted of oxycodone, hydrocodone, and soma. The treatment plan was for the injured worker to follow up with his pain specialist for all medication needs. The rationale and the request for authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 follow up visits with an Orthopedic specialist: Upheld

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

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

Decision rationale: The request for 2 follow up visits with an orthopedic specialist is not medically necessary. The Official Disability Guidelines state the need for an office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The patient has chronic back pain. The notes indicate that the injured worker should follow up his pain specialist for all medication needs. Additionally, as the need for office visits is based on clinical presentation and the treatment plan, the necessity of future visits cannot be determined. As such, the request is not medically necessary.