MAXIMUS Federal Services

Case Number:	CM14-0148252		
Date Assigned:	09/18/2014	Date of Injury:	09/10/1996
Decision Date:	11/05/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/11/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 67 year old female who sustained a work injury on 9-10-96. Office visit on 4-1-14 notes the claimant has back pain, hip pain and mid back pain. It is noted the claimant has worsening of left leg pain/knee. The evaluator recommended left leg knee x-rays and leg brace.Office visit on 7-29-14 notes the claimant has pain in the neck, upper back, lower back, bilateral shoulders, bilateral wrists, left knee and left ankle. The claimant has associated numbness and tingling. On exam, she has decreased range of motion, tenderness at the thoracic and lumbar spine. Recommendations include x-rays and labs due to long term use of NSAIDS, Soma and Tramadol. The claimant had not been seeing for over two years prior to this.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 follow up visit for 45 days (please send blanket authorization for every 45 days).: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): follow-up visits.

Decision rationale: ACOEM notes that subsequent follow-up can occur when there is need for altered treatment; release to modified, increased or full duty; or after appreciable healing or recovery can be expected. Typically, this will be no later than 1 week into the acute pain period. At the other extreme, in the stable chronic LBP setting, follow-up may be infrequent, such as every 6 months. There is an absence in documentation noting that this claimant requires follow-up visits every 45 days. There is an absence in documentation noting that there is alteration in her medical condition or the need for follow-up. Therefore, the medical necessity of this request is not established.