MAXIMUS Federal Services

Case Number:	CM14-0182984		
Date Assigned:	11/07/2014	Date of Injury:	04/17/2013
Decision Date:	12/16/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/03/2014

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 Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in New Jersey. 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 37-year-old male. His date of injury is 04/17/2013. His mechanism of injury was he was cutting fabric rolls and developed pain in his right hip. His diagnoses were neck sprain, thoracic sprain, and lumbar sprain. Past treatments were not included in the medical records. There were no diagnostic studies included in the medical records. There were no records of surgical history included in the documentation. During the office visit of 08/05/2014, the injured worker had complaints of pain between 6/10 and 7/10 on the VAS pain scale, without meds. Physical exam findings of 08/14/2014 indicated tenderness along the thoracic lumbar spine and paravertebral musculature with increased muscle tone. Lumbar flexion 75 degrees, extension 5 degrees, right lateral flexion 10 degrees, left lateral flexion 10 degrees, right and left rotations are 15 degrees, and the straight leg raise test was negative bilaterally. His motor strength was 5/5 in all extremities. The medication list included cyclobenzaprine, Naprosyn, and omeprazole. The treatment plan included a recommendation for Ambien nightly for treatment of insomnia. The rationale for the request was not included in the medical records. The Request for Authorization form was not included in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurospine follow up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305.

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

Decision rationale: The request for Neurospine follow up is not medically necessary. The injured worker has been diagnosed with a neck, thoracic, lumbar sprain. The Official Disability Guidelines for office visits state they are recommended as determined to be medically necessary The Official Disability Guidelines recommend office visits for proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As patients' conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. 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 the eventual patient independence from the healthcare system through self-care as soon as clinically feasible. The medical record lacks documentation of neurological deficits. The medical record indicates there is tenderness in the shoulders and elbows; however, the range of motion to the hips and knees are grossly normal bilaterally. Motor strength is 5/5 in all extremities. In the absence of significant neurological deficits and details regarding previous neurospine consultation, the request is not supported. Therefore, the request is not medically necessary.