

Case Number:	CM14-0213272		
Date Assigned:	12/30/2014	Date of Injury:	07/03/2013
Decision Date:	02/24/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 25-year-old female with a 7/3/13 date of injury. According to a progress report dated 12/8/14, the patient complained of constant, moderate lumbar spine pain. The provider has requested physical therapy with a home exercise program and a follow-up with another provider, specialty unknown. Objective findings: none noted. Diagnostic impression: L3-S1 Progression of disc herniations. Treatment to date: medication management, activity modification. A UR decision dated 12/11/14 denied the request for follow-up with unspecified specialist in 6 weeks. It is not known what the original visit with the specialist was for or what the results of that original visit were. Without documenting why the claimant is being referred to him this referral would not be medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

follow- up with unspecified specialist in 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7- Independent Medical Examination and Consultations, page 127

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 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. However, in the present case, it is unclear what type of specialist this provider has requested a follow-up with. There is no documentation of the initial consultation with the specialist or a rationale as to why this patient requires a follow-up visit at this time. Therefore, the request for follow-up with unspecified specialist in 6 weeks was not medically necessary.