

Case Number:	CM14-0099868		
Date Assigned:	07/28/2014	Date of Injury:	05/18/2010
Decision Date:	04/16/2015	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/30/2014

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: Texas, New York, 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:

The applicant is a represented 54-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 18, 2010. In a Utilization Review Report dated June 2, 2014, the claims administrator approved a urine drug screen and modified a request for follow-up visit with an orthopedist in less than six weeks to follow up visit in four to six months. The claims administrator contended that the applicant be seen less frequently than proposed by the attending provider. May 7, 2014 progress note and associated RFA form were reference in the determination. The applicant's attorney subsequently appealed. On March 4, 2014, the applicant was given refills of tramadol, Prilosec, and Flexeril. The applicant was getting medication from other providers, including Naprosyn, Mobic, and metformin, it was acknowledged. Work restrictions were endorsed. It did not appear that the applicant was working with said limitations in place. On May 7, 2014, the applicant reported persistent complaints of low back pain, 8/10. Authorization was sought for a follow-up visit while the applicant was asked to continue permanent work restrictions previously imposed by a medical-legal evaluator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit with orthopedic specialist in six weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, low back, office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: Yes, the request for a follow-up visit in six weeks was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are often warranted for structure and reassurance purposes, even in those applicant's whose conditions are not expected to change appreciably from visit to visit. Here, the applicant was apparently off of work. The applicant has ongoing, long-standing complaints of low back pain. The applicant was on a variety of medications. Obtaining a follow-up visit with the treating provider was, thus, indicated on several levels, including for medication management purposes. Therefore, the request was medically necessary.