MAXIMUS Federal Services

Case Number:	CM15-0115524		
Date Assigned:	06/23/2015	Date of Injury:	08/03/2011
Decision Date:	07/23/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/15/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 47 year old female, who sustained an industrial injury on 8/3/11. The injured worker was diagnosed as having lumbar disc herniation at L5-S1, bilateral S1 radiculopathy, history of a L1 compression fracture status post kypoplasty on 11/15/13, and right shoulder moderate impingement. Treatment to date has included physical therapy, epidural steroid injections, and medications. Currently, the injured worker complains of low back pain with radiation to the right leg. The treating physician requested authorization for a follow up visit with an orthopedic surgeon. The treatment plan included posterior lumbar interbody fusion at L4-5 and L5-S1.

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 surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for a follow-up visit with an orthopedic surgeon, the California MTUS does not specifically address the issue. ODG cites that "the need for a clinical 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 determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. 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." Within the documentation available for review, it is noted that the patient is currently experiencing continued low back pain despite conservative therapies. The surgeon has proposed lumbar surgery, but this has been denied. However, it is still reasonable to continue to follow-up for other therapeutic options for chronic low back pain. In light of the above issues, the currently request is medically necessary.