MAXIMUS Federal Services

Case Number:	CM15-0120049		
Date Assigned:	06/30/2015	Date of Injury:	02/24/1997
Decision Date:	07/31/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/22/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 58 year old male, who sustained an industrial injury on 02/24/1997. He has reported injury to the low back. The diagnoses have included lumbar spinal stenosis, L4-5, with bilateral lumbar radiculopathy; lumbar spondylosis; and bilateral sacroiliac joint pain. Treatment to date has included medications, diagnostics, bracing, trigger point injections, and home exercise program. Medications have included Norco and Tizanidine. A progress note from the treating physician, dated 05/07/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain with pain radiating to the left greater than right leg; he continues to take his Norco about four times a day, which helps him function and do things around the house and in his yard with less pain; and he was using a lumbar corset-type brace to help with his postural stability, which has worn out, and he is requesting another one. Objective findings included an examination of the lumbosacral spine region notes continued bilateral lumbosacral paraspinal tenderness to palpation with restrictions in flexion and extension secondary to pain; rotation and side bending appear to be intact; neurological exam is relatively unchanged, but continues to show some weakness in his bilateral EHL (extensor hallucis longus); and the recent MRI findings show some worsening foraminal stenosis at L4-5 and L5-S1, worse on the left. The treatment plan has included the request for follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, medical reevlauation.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states follow up evaluations are based on ongoing medical need as dictated by continuation of symptoms and response to treatment. The patient has ongoing back complaints with no resolution of symptoms. Therefore, a follow-up visit is medically necessary.