

<b>Case Number:</b>	CM15-0121375		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	07/25/2011
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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 56 year old male who sustained an industrial injury on 07/25/2011. There was no mechanism of injury documented. The injured worker was diagnosed with intervertebral cervical disc disorder with myelopathy, lumbar intervertebral disc with myelopathy and sciatica. The injured worker is status post cervical fusion (no date documented). Treatment to date has included diagnostic testing with recent lumbar spine magnetic resonance imaging (MRI) on April 21, 2015, physical therapy, acupuncture therapy and medications. According to the primary treating physician's progress report on April 16, 2015, the injured worker continues to experience bilateral neck, upper thoracic, lumbar, bilateral sacroiliac, bilateral buttock and bilateral posterior leg pain. The injured worker rates his pain level at 4/10 at its best and 8/10 at its worst. The injured worker also reports insomnia. Examination of the lumbar spine demonstrated tenderness to palpation at the lumbar, bilateral sacroiliac, bilateral buttock, sacrum, bilateral posterior leg, cervical, bilateral cervical dorsal, bilateral and mid thoracic areas. Range of motion of the cervical spine and lumbar spine were decreased in all planes. Straight leg raise and Bragger's tests were positive bilaterally. Current medications are listed as Tramadol, Omeprazole and topical analgesics. The injured worker is on temporary total disability (TTD). Treatment plan consists of lumbar spine surgical consultation; continue with acupuncture therapy, physical therapy for the cervical and lumbar spine and the current request for a cervical and lumbar spine follow-upper evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Follow up visit related to cervical and lumbar spine injury, as outpatient:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, office visits.

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

**Decision rationale:** The California MTUS and ACOEM do not specifically address the requested service. The ODG states medical follow up evaluations are based on ongoing medical need as dictated by response to therapy and continuation of complaints. The patient has ongoing back pain and with inadequate response to therapy. Therefore, a follow up visit is medically warranted and necessary.