

<b>Case Number:</b>	CM15-0124629		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	10/13/2008
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: 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 45-year-old who has filed a claim for chronic neck, low back, knee, and lower extremity pain with derivative complaints of posttraumatic headaches, insomnia, and depression reportedly associated with an industrial injury of October 13, 2008. In a Utilization Review report dated June 15, 2015, the claims administrator failed to approve requests for lumbar MRI imaging and a dentist follow-up visit. The claims administrator referenced an RFA form dated May 27, 2015 in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated May 27, 2015, the applicant reported multifocal complaints of neck, low back, knee, and leg pain. The applicant denied any new numbness, tingling, or pain in any new body areas. The note compromised, in large part, preprinted checkboxes, with little-to-no narrative commentary. Permanent work restrictions imposed by an Agreed Medical Evaluator (AME) were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place. Overall commentary was sparse. The applicant was asked to follow up with an orthopedist, otolaryngologist, dentist, neurologist, psychiatrist, and pain medicine physician. 12 sessions of physical therapy were endorsed while MRI imaging of the cervical and lumbar spines were also sought. The attending provider stated that the applicant was to follow up with the dentist for unspecified jaw issues and xerostomia. The attending provider did not elaborate as to what the nature the applicant's jaw issues were.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dentist Follow up, Qty 1: Upheld**

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

**Decision rationale:** No, the request for a dentist follow-up visit was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 5, page 79 does acknowledge that frequent follow-up visits are "often warranted" to provide structure and reassurance even in those applicants whose conditions are not expected to change appreciably from visit to visit or week to week, here, however, the requesting provider's commentary on report dated May 27, 2015 was sparse and did not clearly outline the extent and/or nature of the applicant's jaw issues, which would have compelled the dentist follow-up visit. It was not clearly stated whether the applicant was having issues with jaw pain, TMJ, grinding, bruxism, malocclusion, etc. It was not clearly stated precisely what treatment the applicant was receiving through the dentist. The May 27, 2015 progress note, as noted above, was thinly and sparsely developed, comprised, in large part, preprinted checkboxes, and did not, in short, set forth a clear or compelling case for the request in question. Therefore, the request was not medically necessary.

**MRI (magnetic resonance imaging) Lumbar Spine, Qty 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** Similarly, the request for lumbar MRI imaging was likewise was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question. The May 25, 2015 progress note, as noted above, set forth this and other requests through preprinted checkboxes, without any commentary as to how the testing in question would influence or alter the treatment plan. The fact that cervical and lumbar MRI imaging was concurrently ordered significantly reduced the likelihood the applicant was acting on the results of either study and/or going on to consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.

