

<b>Case Number:</b>	CM15-0149331		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	05/30/1998
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/03/2015

### 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, Illinois

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 injured worker is a 60 year old female who sustained an industrial injury on 5-30-98. A review of the medical records indicates she is undergoing treatment for lumbar radiculopathy and status post lumbar spine surgery. Medical records (6-10-15 with date of exam 4-22-15) indicate that the injured worker reported a "flare-up" in her low back pain symptom, with constant pain of "7 out of 10" radiating to the left lower extremity with numbness and tingling. She also reported sleep disturbance due to "flashes of pain". The physical exam revealed lumbar range of motion as: flexion 25 degrees, extension 10 degrees, and bilateral lateral flexion as 5 degrees. The treating provider indicates that the injured worker "attended two sessions of land based physical therapy, which made her low back symptoms worse". The treatment plan includes six sessions of aquatic therapy twice a week for three weeks, an orthopedic spine evaluation for the lumbar spine, medications, and to follow up in 4 weeks. The utilization review (7-9-15) includes a request for authorization of 1 follow up visit in 4 weeks for symptoms related to the lumbar area. The request was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 follow-up visit:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits.

**Decision rationale:** The injured worker sustained a work related injury on 5-30-98. The medical records provided indicate the diagnosis of lumbar radiculopathy and status post lumbar spine surgery. Treatments have included acupuncture and pain medications. The medical records provided for review do indicate a medical necessity for 1 follow-up visit. The medical records indicate this is a case of acute exacerbation of chronic low back pain: she had 3-4/10 pain during her last visit, but the pain increased to 7/10 at the time of this visit. The physical examination revealed worsening limitation of the lumbar range of motion compared to the previous visit. Though an old injury, acute exacerbation are generally receive the same similar conservative treatment as chronic conditions: the injured work needs follow to determine the course of the condition, the outcome of the treatments that were ordered; and if any new medication was prescribed, to evaluate for side effects. The MTUS recommends Physician follow-up can occur when a release to modified, increased, or full-duty is needed, or after appreciable healing or recovery can be expected, on average. Physician follow-up might be expected every four to seven days if the patient is off work and seven to fourteen days if the patient is working.