

Case Number:	CM15-0174737		
Date Assigned:	09/16/2015	Date of Injury:	07/05/2012
Decision Date:	10/23/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/04/2015

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

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 57 year old female who sustained an industrial injury on 7-5-2012. A review of medical records indicates the injured worker is being treated for herniated nucleus pulposus of the lumbar spine, chronic neck pain, cervical and lumbar radiculopathy, right knee arthralgia, right ankle arthralgia, right shoulder arthralgia, right hand arthralgia, and right elbow arthralgia. Medical records dated 6-15-2015 noted ongoing neck and back pain. She last worked on last in July of 2012. Physical examination noted tenderness to the cervical and lumbar spine. Range of motion to the cervical and lumbar spine was decreased in all planes and was limited due to pain. Treatment has included injection, 9 sessions of chiropractic care with no benefit, and 6 sessions of acupuncture with no benefit. MRI of the cervical spine dated 3-8-2013 revealed straightening of the cervical lordosis with muscular spasm in the facet joints. MRI of the lumbar spine dated 1-5-2013 revealed mild levoscoliosis, L4-5, 2mm posterior disc bulge with encroachment on the thecal sac. Neuroforaminal narrowing compromises the transversing nerves and exiting nerve roots, L5-S1 decrease in height disc. 3-4 mm posterior disc bulge with encroachment of the epidural foramina bilaterally. This compromises the existing nerve roots bilaterally. There is a 3 mm anterior disc protrusion. The utilization review form dated 8-4-2015 included a follow up visit in six months with MD and follow up with MD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up with MD (Ortho): Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation ACOEM, Independent Medical Examinations and Consultations, chapter 7, page 127.

Decision rationale: The patient presents on 06/15/15 with lower back pain which radiates into the right lower extremity, and neck pain which radiates into the left upper extremity. The patient's date of injury is 07/05/12. Patient has no documented surgical history directed at these complaints. The request is for follow up with md (ortho). The RFA is dated 06/15/15. Physical examination dated 06/15/15 reveals tenderness to palpation of the cervical and lumbar paraspinal muscles bilaterally, decreased sensation in the C5 though C7 dermatomes bilaterally, decreased sensation in the L4-5 dermatomes bilaterally, and positive slump and straight leg raise test on the right. The patient is currently prescribed unspecified hypertension/hyperlipidemia/vertigo medications, and Tylenol. Patient is currently not working. MTUS guidelines, Pain Outcomes and Endpoints section, page 8 has the following: "The physician treating in the workers' compensation system must be aware that just because an injured worker has reached a permanent and stationary status or maximal medical improvement does not mean that they are no longer entitled to future medical care. The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. ACOEM, Independent Medical Examinations and Consultations, chapter 7, page 127 states that the "occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." In this case, the treating physician is requesting a follow-up visit with an orthopedic specialist to monitor this patient's continuing lower back and cervical spine pain. The provider requests a follow up visit after a 6 month interval to ensure that this patient's condition does not decline and to ensure that treatment modalities continue to be effective. Such a follow up visit is a reasonable measure and the provider is justified in seeking regular re-assessments to ensure the effectiveness of any medical interventions. Therefore, the request is medically necessary.