

Case Number:	CM15-0026033		
Date Assigned:	02/18/2015	Date of Injury:	06/10/2009
Decision Date:	04/02/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/11/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 65-year-old male, who sustained an industrial injury on 6/10/2009. He reports an injury to the head, face, neck and back when he was pulled into a machine. Diagnoses include lumbar herniated nucleus pulposus, bilateral lumbar 5 spondylosis, lumbar radiculopathy, thoracic sprain/strain, cervical radiculopathy, bilateral carpal tunnel syndrome, right shoulder impingement, right shoulder rotator cuff tear and right sacroilitis. Treatments to date include 16 sessions of chiropractic care, 18 sessions of acupuncture, nasal surgery (2014), occipital nerve blocks and medication management. A progress note from the treating provider dated 12/8/2014 indicates the injured worker reported on 2/5/2015, Utilization Review non-certified the request for orthopedic follow up, citing MTUS and ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

General Orthopedic Follow Ups: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Ed (2004) p 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines :Low Back - Lumbar & Thoracic, Office Visits.

Decision rationale: Office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. The number of office visits automatically covered for an established patient is six. Follow up by orthopedic surgeon is indicated if a surgical procedure is being considered. In this case there is no documentation that surgical intervention is being considered for the patient. Medical necessity has not been established. The request should not be authorized.