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| Case Number: | CM15-0060696 | | |
| Date Assigned: | 04/06/2015 | Date of Injury: | 03/14/2014 |
| Decision Date: | 05/28/2015 | UR Denial Date: | 03/04/2015 |
| Priority: | Standard | Application Received: | 03/30/2015 |

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, Hawaii

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 (IW) is a 53 year old female who sustained an industrial injury on 03/14/2014. She reported neck and low back pain and bilateral numbness in the arms. The injured worker was diagnosed as having spinal stenosis in the cervical region and lumbosacral neuritis not otherwise specified. Treatment to date has included physical therapy medications and epidural steroid injection. Currently, the injured worker complains of back and neck pain with right arm numbness, left arm numbness and low back pain and her visit on the January 22, 2015 appointment is for follow up after an epidural steroid injection of the neck. The treatment plan is for surgical management which is an anterior cervical discectomy and fusion (ACDF) procedure. One pre and post-operative appointment as an outpatient is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

One pre and post operative appointment as an 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 (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: The patient presents with status post ACDF at C5-C6. The current request is for One pre and post-operative appointment as an outpatient. The treating physician states, "The patient has tried and maximized conservative treatment including physical therapy, cervical epidural injections, medication management, work modification, and it has been about ten months status post injury." (27B) The MTUS page 8 has the following, "The physician should periodically review the course of treatment of the patient and any information about the etiology of the pain or the patient's state of health." Evaluation of a patient is part of a normal reporting and monitoring duties to manage patient's care. In this case, the treating physician has documented that the patient is going into surgery and would like to follow up with the patient before and after the surgery. The current request is medically necessary and the recommendation is for authorization.