

<b>Case Number:</b>	CM15-0062209		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	10/12/2006
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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 63-year-old male, who sustained an industrial injury on 10/12/2006. He reported neck and low back pain. The injured worker was diagnosed as having cervical spine disc herniation with mild right sided radicular irritation, lumbar discopathy and degeneration, sciatica, status post posterior lumbar interbody fusion, and status post lumbar hardware removal. Treatment to date has included medications, and surgery. The request is for office/outpatient visit. On 2/20/2015, he was seen for re-evaluation. He complains of low back and neck pain which is reported to be unchanged since 3/6/2014. The treatment plans included no medications being prescribed, and follow up in 6 weeks. The records indicate the injured worker has reached a permanent and stationary status or maximal medical improvement; the records also indicate the injured workers problems are not progressive. The MTUS recommends periodically reviewing the patient based on progress toward treatment objectives. In this case, the injured worker is stable, therefore six weeks appointment will be considered too soon since it is not likely anything different will be done for the injured worker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow Up Appointment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

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

**Decision rationale:** The injured worker sustained a work related injury on 10/12/2006. The medical records provided indicate the diagnosis of diagnosed as having cervical spine disc herniation with mild right sided radicular irritation, lumbar discopathy and degeneration, sciatica, status post posterior lumbar interbody fusion, and status post lumbar hardware removal. Treatment to date has included medications, and surgery. The medical records provided for review do not indicate a medical necessity for Follow-Up Appointment. The records indicate the injured worker is in a permanent and stationary state; the injured worker's condition remained the same at the time of this visit; no medications or changes were made to the treatment. The MTUS recommends physician follow-up when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected. Therefore is not medically necessary.