

Case Number:	CM15-0073782		
Date Assigned:	04/23/2015	Date of Injury:	11/07/2008
Decision Date:	05/21/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/17/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 50 year old male, who sustained an industrial/work injury on 11/7/08. He reported initial complaints of low back pain. The injured worker was diagnosed as having lumbosacral disc degeneration, lumbago, lumbar disc displacement without myelopathy, cervicgia, and cervical disc degeneration. Treatment to date has included medication, psychologist, and exercise program. Currently, the injured worker complains of low back, neck pain and left upper extremity numbness and tingling. He has been more physically active. Per the primary physician's progress report (PR-2) on 2/9/15, examination revealed no profound weakness or instability or relevant changes. The requested treatments include monthly follow-up office visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly follow-up office visits qty:6.00: Upheld

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 ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Office visits.

Decision rationale: Monthly follow-up office visits qty: 6.00 are not medically necessary per the MTUS ACOEM and the ODG guidelines. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. The ODG states that 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 documentation is not clear on the need for 6 monthly office visits. The office visits are individualized based on the patient's concerns and clinical stability at each single visit and depending on the need of the patient at that particular time. The request for monthly follow up office visits qty 6 is not medically necessary.