

Case Number:	CM15-0076732		
Date Assigned:	04/28/2015	Date of Injury:	03/19/2013
Decision Date:	05/28/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/21/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 36-year-old female who sustained an industrial injury on 3/19/13. Injury occurred when she picked up a tote with acute onset of sharp lower back pain. She was extension with a right paracentral disc protrusion at L5/S1 with narrowing of the right S1 lateral recess. She underwent an L5/S1 fusion on 10/27/14. The 1/28/15 treating pain management physician report cited low back pain that was worse with sustained postures. She could not bend and was uncomfortable most of the time. She had trouble sleeping at night. Current medications included Norco, Flexeril, Celexa, and Phentermine. Physical exam documented very slow movements, and antalgic gait at a slow pace using a cane. There was diffuse lumbar paraspinal tenderness, no flexion or extension, and lateral tilt limited 75%. There were no lower extremity focal deficits. Lower extremity range of motion was within normal limits. The diagnosis was status post L5/S1 fusion with intractable low back pain. The treating physician reported the injured worker was still in the subacute phase and required pain management so that she could do basic rehab. Follow-up visits with the surgeon as a secondary treater was required. Medication management was provided. A 3/25/15 request for follow-up with the spine surgeon every 6 weeks was submitted. The 4/2/15 utilization review modified the request for follow-up visits with the spine surgeon every 6 weeks, and allowed for one follow-up visit. The medical necessity of additional follow-up visits should be determined based on review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit with spine surgeon every 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic: Office visits.

Decision rationale: The California MTUS does not specifically address office follow-up visits. The Official Disability Guidelines recommend evaluation and management office visits as determined to be medically necessary. 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. This injured worker is now 6 months post-op and under the care of a pain management physician as her primary treating physician. The 4/12/15 utilization review partially certified this request for one follow-up visit with the spine surgery. There is no compelling rationale to support the on-going medical necessity of spinal surgeon visits on a regular basis. Therefore, this request is not medically necessary.