

Case Number:	CM15-0077811		
Date Assigned:	04/29/2015	Date of Injury:	07/03/2013
Decision Date:	05/26/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/23/2015

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

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 is a 25 year old female patient who sustained an industrial injury on 07/03/2013. A primary treating office visit dated 09/04/2014 reported subjective complaint of back pain rated an 8 out of 10 in intensity. She is diagnosed with lumbar muscle spasm, and weight gain. The plan of care involved: continuing with home exercise program and recommending aqua therapy. She will follow up in one month. A more recent primary visit dated 03/05/2015 reported subjective complaint of low back pain that radiates to bilateral lower extremities; left greater. She reports continuing with physical therapy, home exercise program, follow up with surgeon, and follow up in 6 weeks. The treating diagnoses are: lumbar radiculopathy, multiple disc protrusion of lumbar spine, and lumbar spine discogenic pain. She will remain temporary totally disabled through 30-45 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-evaluate in 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 78.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7- Independent Medical Examinations and Consultations, page 127.

Decision rationale: Guidelines state office visits and follow-ups are determined to be medically necessary and play a critical role in the proper diagnosis and treatment based on the patient's concerns, signs and symptoms, clinical stability along with monitoring of medications including opiates. Determination of necessity requires individualized case review and assessment with focus on return to function of the injured worker. Submitted reports have not adequately demonstrated acute symptoms or red flag conditions and clinical findings to allow for continued arbitrary follow-up intervention and care and future care with multiple visits cannot be predetermined, as assessment should be made according to presentation and clinical appropriateness. It appears the patient has reached maximal medical improvement with impairment rating determined for the ongoing chronic pain symptoms. Exam revealed lumbar spine with full range of motion without prescription for any narcotic use. Current request for re-evaluation is not medically indicated. The patient is MMI without any acute flare, new injury, or progressive deterioration to predict future outcome. Follow-up visits is not medically indicated for this chronic injury. The Re-evaluate in 6 weeks is not medically necessary and appropriate.