

Case Number:	CM15-0077895		
Date Assigned:	04/29/2015	Date of Injury:	06/10/2010
Decision Date:	06/01/2015	UR Denial Date:	04/06/2015
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: Family Practice

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 57-year-old female, who sustained an industrial/work injury on 6/10/10. She reported initial complaints of back pain. The injured worker was diagnosed as having lumbar compression fracture on L4, and degenerative joint disease with radiculopathy. Treatment to date has included medication, chiropractic treatments, and diagnostics. Currently, the injured worker complains of increased low back pain radiating down both lower extremities to the thighs to mid-calf (R>L). Per the primary physician's progress report (PR-2) on 3/6/15, examination revealed tenderness with palpation to the lumbar spine and range of motion was limited to 50% in flexion and 40% in extension. The requested treatments include ongoing Vocational Rehab follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing Vocational Rehab Follow Up Appointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain: Introduction Page(s): 1.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

Decision rationale: According to ODG, evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. 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 request for ongoing vocational rehab follow up appointment is not supported. The medical records do not establish a rationale for this request. It is not noted if the injured worker has undergone prior vocational rehabilitation. Without further clarification of this request, the request for Ongoing Vocational Rehab Follow up Appointment is not medically necessary and appropriate.