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| Case Number: | CM15-0092639 | | |
| Date Assigned: | 05/19/2015 | Date of Injury: | 07/26/2014 |
| Decision Date: | 06/19/2015 | UR Denial Date: | 05/08/2015 |
| Priority: | Standard | Application Received: | 05/13/2015 |

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, Florida, California
 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 55 year old male who sustained an industrial injury on July 26, 2014. He has reported pain to the thoracic and lumbar spine and has been diagnosed with thoracic disc displacement without myelopathy and lumbar disc displacement without myelopathy. Treatment has included medical imaging, medications, modified work duty, physical therapy, and acupuncture. The injured worker complained of intermittent moderate pain in the thoracic spine that was described as aching with numbness and tingling into the hands. There were also complaints of constant moderate to severe pain to the lumbar spine with pain radiating down the back of the right leg. Thoracic findings showed plus two spasm and tenderness to the bilateral paraspinal muscles from T4-T8. Lumbar findings showed plus two spasm and tenderness to the bilateral lumbar paraspinal muscles from L1 to S1 and multifidus. Kemp's test was positive bilaterally. Yeoman's was positive bilaterally. The treatment request included one follow up visit with range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Follow up visit with Range of Motion evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) Office visits/ Flexibility with regards to Range of Motion.

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, Office visits.

Decision rationale: This claimant was injured just about a year ago; there is pain to the thoracic and lumbar spine. There has been imaging, medicine, modified work duty and acupuncture. There is no mention of the interventions and office visits being successful in regards to objective functional improvement. In regards to follow up office visits, the MTUS sets a high bar for effectiveness of continued or ongoing medical care in 9792.24.1. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. The MTUS is silent. The ODG notes that office visits are recommended as determined to be medically necessary. 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. In this case, it is not clear what functional objective improvements are being achieved, and what would be added by a repeat office visit. Further, the rationale for an office visit with the intent or range of motion assessment as a primary purpose is not clear from the notes. The request is appropriately not certified.