

<b>Case Number:</b>	CM15-0094507		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	10/22/2012
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 63 year old, male who sustained a work related injury on 10/22/12. The diagnosis has included lumbar spinal stenosis. Treatments have included medications and self directed weight loss. In the PR-2 dated 3/21/15, the injured worker complains of neurogenic claudication. He has lumbar paraspinal muscle spasms. He has tenderness to palpation of lumbar paraspinal muscles. He has a positive straight leg raise on the right at 60 degrees. He is trying to lose weight for back surgery. The treatment plan includes the injured worker to continue to lose weight, for a lumbar spine MRI and for a return follow-up office visit in 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Return to clinic in 4 to 6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Duration Guidelines, Low Back, Office Visits, Updated April 15, 2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visit.

**Decision rationale:** Pursuant to the Official Disability Guidelines, return to clinic 4 to 6 weeks is not medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case review and reassessment being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible authority. In this case, the injured worker's working diagnoses are lumbar spinal stenosis at L4 -L5 with instability L4- L5. The documentation indicates the injured worker had an MRI of the lumbar spine October 2013. The MRI hard copy was not in the medical record. Plain films of the lumbar spine were performed. The plain film results were not present in the medical record. The treating provider requested new x-rays and updated new MRI of the lumbar spine in anticipation of surgery. Utilization review physician made multiple attempts to contact the treating provider. Utilization review physician was unsuccessful in reaching the treating provider. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. The reviewing (UR) physician stated without documentation of prior plain x-rays and the MRI lumbar spine from 2013, new plain radiographs and a new, updated MRI of the lumbar spine are not clinically indicated. A new, updated MRI of the lumbar spine and plain radiographs is not clinically indicated and, as a result, a follow-up return to clinic visit in 4 to 6 weeks is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, return to clinic 4 to 6 weeks is not medically necessary.