

Case Number:	CM15-0094758		
Date Assigned:	05/20/2015	Date of Injury:	10/19/2012
Decision Date:	06/24/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	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

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 57 year old male, who sustained an industrial injury on 10/19/2012. According to an interventional pain management consultation dated 03/30/2015, the injured worker was seen for neck, arms and back pain. He had 3 accidents in total as part of his cumulative trauma case. On 10/19/2012, he was covering trees with plastic and slipped into a hole and felt a pop in his low back. He had associated burning in his low back. He was unable to get out of bed the next morning. Treatment to date has MRI, electrodiagnostic studies, included 20+ sessions of physical therapy, 6-12 session of chiropractic care, 20 sessions of acupuncture, steroid injection to the bilateral shoulders and medications. Currently he complained of neck pain and numbness, tingling and burning in his bilateral upper extremities to his fingers, left side greater than right side. He reported decreased pain with medications, rest and lying down. He had increased pain in his neck with range of motion. This was not an accepted body part. His low back pain was rated 9 on a scale of 1-10. He reported numbness, tingling and burning in his bilateral lower extremities to the sole of his feet, right side greater than left side. Current medications included Ultracet, Ibuprofen, Gabapentin, Lovastin, Trazadone HCL, Metformin, Aspirin and Lantus. Diagnoses included cervical spine herniated nucleus pulposus and degenerative disc disease, cervical radiculopathy, lumbar spine herniated nucleus pulposus and lumbar radiculopathy. Ultracet was refilled. The provider recommended continuance with Gabapentin and Ibuprofen that was prescribed by his primary care physician. Authorization requests included Tramadol/APAP, Ultracet and a follow up in as needed. Currently under review is the request for follow up as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up, PRN: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines chapter 7, page 127, consultation.

Decision rationale: The patient was injured on 10/19/12 and presents with pain in his necks, arms, and back. The request is for FOLLOW UP PRN. The utilization review denial rationale is that there is "no follow up scheduled. A follow up visit can be requested when there is an actual plan to see the patient." The RFA is dated 03/30/15 and the patient's work status is not provided. ACOEM Practice Guidelines second edition (2004) page 127 states the following, "Occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The reason for the request is not provided. The patient is diagnosed with cervical spine herniated nucleus pulposus and degenerative disc disease, cervical radiculopathy, lumbar spine herniated nucleus pulposus, and lumbar radiculopathy. He walks with a single point cane, is unable to rise from a seated position without pain, has diffuse tenderness to palpation throughout lower lumbar spine and paraspinal muscles, is tender over the SI joints and lumbar facets, has a decreased lumbar range of motion, positive faber on the right, positive facet loading on the right, positive spurling's on the right and left, and a positive slump test bilaterally. It appears that the treating physician is concerned about the patient's right foot pain. Given the patient's condition, the request for a follow-up appears reasonable. The requested follow-up visit IS medically necessary.