

Case Number:	CM15-0096519		
Date Assigned:	05/26/2015	Date of Injury:	02/07/1998
Decision Date:	07/10/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/19/2015

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: North Carolina

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 60 year old female, who sustained an industrial injury on 2/7/96. The injured worker was diagnosed as having lower back pain, pain in the neck/cervicalgia, pain in the shoulder region, and pain in the wrist/hand. Treatment to date has included Norco. Currently, the injured worker complains of bilateral shoulder pain and low back pain. The treating physician requested authorization for a return follow-up visit in 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Return for follow-up visit in 2 months: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, medical reevaluation.

Decision rationale: The ACOEM and California MTUS do not specifically address the requested services. The ODG states that follow up reevaluation is dictated by medical necessity as determined by response to therapy and ongoing symptoms and complaints. As the patient has ongoing complaints, a follow up appointment would be medically warranted and the request is medically necessary.

