

Case Number:	CM15-0099476		
Date Assigned:	06/01/2015	Date of Injury:	01/02/2014
Decision Date:	07/08/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/22/2015

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 42 year old male, who sustained an industrial injury on 1/2/2014. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar facet arthropathy/spondylosis, right knee surgery, cervical foraminotomy, lumbar facet arthropathy, lumbar stenosis, cervical stenosis and cervical degenerative disc disease. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy, bilateral lumbar medial facet branch blocks, epidural steroid injection and medication management. In a progress note dated 4/13/2015, the injured worker complains of bilateral mid and low back pain. Physical examination showed tenderness to left cervical paraspinal area and to the lumbar bilateral paraspinal area and midline. The treating physician is requesting follow up with a general practitioner.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up with general practitioner: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: Based on the 04/13/15 progress report provided by treating physician, the patient presents with bilateral mid and low back pain. The patient is status post right knee arthroscopy 10/14/14 and posterior foraminotomy C4-5, 01/22/15. The request is for FOLLOW UP WITH GENERAL PRACTITIONER. RFA with the request not provided. Patient's diagnosis on 04/13/15 included lumbar facet arthropathy, lumbar stenosis, cervical stenosis and cervical degenerative disc disease. The patient utilizes a single point cane. Physical examination to the lumbar spine on 04/13/15 revealed tenderness to palpation to the paraspinal muscles. Decreased range of motion on flexion and extension. Patient's medications include Tylenol, Ketoprofen and Lidopro. The patient is temporarily totally disabled, per 11/21/14 report. Treatment reports were provided from 10/01/14 - 04/24/15. ACOEM, second edition 2004 chapter 7, page 127 states that "The 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, and/or the examinees fitness for return to work." Regarding follow-up visits, MTUS guidelines page 8 has the following: The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. Per 11/21/14 report, treater states the patient "is pending general practitioner evaluation." Treating physician who is an orthopedic surgeon, has not provided reason for the request. It would appear that the current treater feels uncomfortable with the patient's medical issues and has requested follow up with a general practitioner. Given the patient's diagnosis, the request appears reasonable and in accordance with guidelines. Follow up with general practitioner may benefit the patient and contribute to improved management of symptoms. Therefore, the request IS medically necessary.