

<b>Case Number:</b>	CM13-0041954		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	10/20/1999
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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: 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 54 year old male who sustained an industrial injury on 10/20/1999. Diagnoses include displacement of cervical disc without myelopathy, right lumbar radiculopathy, stat-post bilateral carpal tunnel release, bilateral ulnar nerve release, and left shoulder surgery. Treatment to date has included medications, home exercise program, and acupuncture. A physician progress note dated 08/14/2013 documents the injured worker complains of bilateral shoulder, neck and low back pain. He continues to have numbness and tingling in his bilateral upper and lower extremities. He rates his pain as 8 out of 10 on the pain scale. He has tenderness of the cervical paraspinal bilaterally and decreased range of motion. Spurling's to the left or right is positive and reproduces pain radiating to the lateral shoulder. Lumbar spine tenderness is present to palpation more notably on the right. There is decreased flexion and extension due to pain. There is hypersensitivity to pinprick in the Lumbar 5 distribution on the right. Straight leg raise is positive bilaterally with paresthesias radiating to the foot. Treatment requested is for follow-up office visit with [REDACTED] for the lumbar and cervical spine. On 09/19/2013 Utilization Review non-certified the request for follow-up office visit with [REDACTED] for the lumbar and cervical spine and cited was California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FOLLOW-UP OFFICE VISIT WITH [REDACTED] FOR THE LUMBAR AND CERVICAL SPINES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation TABLE 2, SUMMARY OF RECOMMENDATIONS, CERVICAL AND THORACIC SPINE DISORDERS,

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 185.

**Decision rationale:** The MTUS/ACOEM Guidelines Chapter on Neck and Upper Back Complaints provide comment on follow-up visits for the ongoing management of a patient's chronic condition. These are stated on Table 8-2. However, it should be noted that it was documented in a conversation between the Utilization Reviewer and the PA [REDACTED], that the patient has died. This was documented in a conversation dated 9/18/2013. Given the death of this patient the request is no longer valid.