

Case Number:	CM13-0027076		
Date Assigned:	11/22/2013	Date of Injury:	02/05/2010
Decision Date:	02/03/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in New York and Texas. 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 physician 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/services.

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 patient is a 66-year-old male with a reported date of injury on 02/05/2010. The patient presented with low back pain and increased pain with walking and standing. The patient underwent a facet injection in 09/2013. The patient had diagnoses including postlaminectomy syndrome, lumbar, lumbar spinal stenosis, and chronic pain syndrome. The physician's treatment plan included a request for medication management sessions, 1 time a week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2008 Revision), pages 1062 - 1068.

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

Decision rationale: The Official Disability Guidelines note the need for a clinical office visit with a health care provider is individualized based upon a review of the 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 such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, 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. The most recent clinical note included in the submitted documentation was incomplete. The patient's medication regimen appeared to consist of Protonix, Docuprene, Topamax, tramadol, Prozac, and Lisinopril. Within the provided documentation, the requesting physician's rationale for the request was unclear. The guidelines recommend patients in stable condition undergo medication management once monthly. The request for medication management sessions, once per week for three weeks, is not medically necessary or appropriate.