

Case Number:	CM13-0034404		
Date Assigned:	06/09/2014	Date of Injury:	01/04/2001
Decision Date:	10/15/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/15/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 1, 2001. In a Utilization Review Report dated October 2, 2013, the claims administrator apparently denied a request for six monthly office visits, citing the ODG Guidelines on the topic. The claims administrator noted that the applicant was status post epidural steroid injection therapy and has received physical therapy and manipulative therapy in unspecified amounts over the course of the claim. The claims administrator stated that the applicant was not using opioid agents which would warrant more frequent office visits. The applicant's attorney apparently subsequently appealed; however, no clinical progress notes, applicant-specific information, narrative rationale, or commentary were attached to the application for Independent Medical Review (IMR). No medical progress notes were included in the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION MANAGEMENT 1X/MONTH X 6 MONTHS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303.

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 12, page 303 stipulates that the frequency of follow-up visits should be determined by an applicant's work status, in this case, however, the applicant's work status is unknown. It is not clearly stated whether the applicant is working or not. No clinical progress note was attached to the application for Independent Medical Review. It was not clearly stated what analgesic medications the applicant was using which would warrant monthly follow-up visits. Again, no clinical progress notes were incorporated into the Independent Medical Review packet. Therefore, Medication Management is not medically necessary.