

Case Number:	CM13-0041242		
Date Assigned:	03/28/2014	Date of Injury:	02/12/2009
Decision Date:	08/12/2014	UR Denial Date:	10/06/2013
Priority:	Standard	Application Received:	10/11/2013

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 42-year-old female who reported an injury on 02/12/2009. The mechanism of injury was not noted in the reports submitted. Progress report dated 11/14/2013 stated that the injured worker had pain in the lumbar spine, left wrist, and right shoulder. No level of pain measurement was documented. Physical examination of the lumbar paraspinal muscles revealed some tenderness. A left wrist flexion and extension were painful and tender. The right shoulder there was tenderness in the deltoid tendon. Diagnostic testing the injured worker had undergone had been an MRI. The injured worker has diagnoses of lumbago, sciatica, and sprain of wrist unspecified site. The injured worker's past medical treatment includes physical therapy to the wrist, a wrist brace, corticosteroid injections to the wrist, and medication therapy. Medications include ibuprofen 800 mg (3 times a day, 90 tablets) and Norco 10/325 (1 tablet every 8 hours as needed). The treatment plan requested is authorization for patient's next visit, authorization for the patient's quarterly labs, plan of care, urine drug screen to make sure that the patient is able to safely metabolize and excrete the medications, and refill of ibuprofen 800 mg and Norco 10/325 mg. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW UP VISITS EVERY 4-6 WEEKS FOR LOW BACK PAIN: Upheld

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

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

Decision rationale: The request for follow up visits every 4-6 weeks for low back pain is not medically necessary. The injured worker complained of pain in the lumbar spine, left wrist and the right shoulder. No level of pain was documented. ODG guidelines recommend office visits as they are to be determined medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. 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 request submitted did not specify a timeframe as to how many follow up visits the injured worker would be attending, this could essentially be an unlimited number of office visits every 4-6 weeks. There was also no submitted documentation regarding the current clinical situation with the injured worker to determine when they would need to be seen again and without that information, necessity of office visits every 4-6 weeks cannot be determined. Furthermore, findings at an office visit will also determine the frequency of the next visit. As such, the request for follow up visits every 4-6 weeks for low back pain is not medically necessary.