

Case Number:	CM13-0071255		
Date Assigned:	01/08/2014	Date of Injury:	05/30/2002
Decision Date:	09/05/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/26/2013

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 47 year old male who was injured on 5/30/2002. He was diagnosed with cervical sprain/strain, chronic left shoulder pain, lumbar sprain/strain, lumbar facet arthropathy, lumbar disc herniation, thoracic radiculopathy, thoracic sprain/strain, carpal tunnel syndrome, and bilateral hip and knee pain. He was treated with injections, surgery (right carpal tunnel release, right elbow, right knee), and multiple medications. On 11/4/13, the worker was seen in the office by her pain management specialist complaining of right forearm and hand pain, neck pain with radiation to both arms, as well as mid and low back pain that radiates to right leg/foot. She also complains of right knee pain. Physical examination revealed inability to perform heel and toe walk, tenderness/restriction of motion/decreased sensation of the lumbar spine, tenderness to cervical spine, and restricted motion/tenderness of thoracic spine. It was suggested by her physician to continue her current medications, a repeat series of epidural injections at the L5-S1 and S1 levels bilaterally, transportation home from the appointment, and follow-up in 4-6 weeks. A request was made soon afterwards for 6 follow-up visits with the pain specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management follow-up with [REDACTED] x6 Months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

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

Decision rationale: The MTUS Guidelines do not address office visits in detail. However, the ODG states that office visits are recommended as determined to be medically necessary. 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, and is based on which medications the patient is taking. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonable established. In the case of this worker, the medical need for another office visit with the pain specialist is reasonable, but an approval for additional visits needs to be based on the most up to date clinical information on the worker which means that only one office visit at a time should be requested. As such, the request is not medically necessary and appropriate.