

Case Number:	CM14-0002292		
Date Assigned:	01/24/2014	Date of Injury:	08/01/2007
Decision Date:	06/16/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/07/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 35-year-old who reported injury on 08/01/2007. The mechanism of injury was not provided. The documentation of 12/05/2013 revealed the injured worker should follow-up with a physician for chronic pain and a surgeon for low back. It was indicated the injured worker had followed up with the same provider within the last month of the examination. The diagnosis was chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW UP WITH PAIN MANAGEMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines Treatment in Workers Compensation, Chapter on the Hip- Office Visits.

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

Decision rationale: The Official Disability Guidelines indicate the need for clinical office visit with a health care provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Additionally, the

determination is based on what medications the patient is taking since some medications such as opiates require close monitoring. The clinical documentation submitted for review indicated the injured worker had seen the physician within the month. There was lack of documentation including the medications that the injured worker was taking to support a necessity for a follow-up visit with a pain management specialist. The request as submitted failed to indicate the quantity of follow-up visits being requested. Given the above, the request for follow-up with pain management is not medically necessary.