MAXIMUS Federal Services

Case Number:	CM14-0104543		
Date Assigned:	07/30/2014	Date of Injury:	10/09/2013
Decision Date:	10/03/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/07/2014

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 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 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 medical records reflect the claimant is a 38 year old male who sustained a work injury on 10-9-13. On this date, the claimant was standing on tailgate of a work truck unloading wet lumber in the rain. The claimant has a diagnosis of lumbar herniated nucleus pulposus. On 3-14-14, there was a request for lumbar epidural steroid injection at L5-S1, which was not certified. Surgery was also requested, which has not been performed. A magnetic resonance image dated 12-13-13 showed disc degeneration mild at L5-S1, at L5-S1 mild right lateral recess stenosis near the right S1 nerve root. No frank disc extrusion central canal stenosis or foraminal stenosis throughout the study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Op Office Visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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), Low Back Chapter - Office Visit

Decision rationale: The ODG notes that office visits are recommended as determined to be medically necessary. Evaluation and management 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. There is a request for post-op visits. There is an absence in documentation noting that this claimant has had surgery or that is scheduled for surgery. Additionally, this is a nonspecific request for unknown number of office visits. Therefore, the medical necessity of this request is not established.