

Case Number:	CM14-0106286		
Date Assigned:	07/30/2014	Date of Injury:	05/09/2002
Decision Date:	08/29/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/09/2014

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 Illinois. 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 59-year-old male who reported an injury on 05/09/2002. The mechanism of injury was not provided. The injured worker has diagnoses of unspecified reflex sympathetic dystrophy, unspecified myalgia and myositis, and failed hernia repair x2. Past treatments included medication and chiropractic care. Past surgical history includes failed hernia repair x2. On 02/10/2014, the injured worker complained of increased pain in his left gluteal region that seems to be getting worse, and also had increased pain in his left knee. He transferred and ambulated with a slow and guarded gait. On 06/06/2014, the exam revealed the injured worker complained of increased pain due to decrease in medications. The injured worker was receiving good pain relief with Lyrica and Cymbalta, which had been titrated. The injured worker continued to use ice to the right groin and testicle in order to achieve some continued relief even with the use of adequate medication. The injured worker stated depression was worse since pain has increased and pain rating is a 9/10. Objective findings revealed marked tenderness to the right groin, right testicle, and right leg was in continuous movement as the result of pain. Medications included Norco 10/325 every 6 hours as needed for severe exacerbation of pain, Lyrica 150 mg 2 tablets every 8 hours for neuropathic pain, Zanaflex 4 mg at bedtime for pain and spasms, Cymbalta 30 mg 3 tablets daily for pain, MiraLAX 17 grams daily for opioid-induced constipation, and Arthrotec 50 mg every 8 hours for pain. The treatment plan was to continue medications and chiropractic treatment for 6 visits due to increase of gluteal pain. The treatment plan was for medication refills, blood work that includes comprehensive metabolic panel and CBC, and followup in 4 weeks to 6 weeks. The request is for office followup in 4 weeks to 6 weeks and CBC and CMP. The Request for Authorization and rationale were not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office follow up in 4 to 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, chapter, 7, Independent Medical Examinations and Consultations.

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

Decision rationale: The request for Office follow up in 4 to 6 weeks is non-certified. The injured worker has a history of groin pain. The Official Disability Guidelines recommend an office visit to be medically necessary. Evaluation and management of outpatient visits to the offices of medical doctor(s) is a critical role in the proper diagnosis and return to function of an injured worker. 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 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 lack of clinical information indicating the rationale for a specialty consultation. Moreover, there is a lack of clinical evidence that the injured worker's pain was unresolved with the primary physician's standardized care. Given the information provided, there is insufficient evidence to determine appropriateness of a consultation to warrant medical necessity; as such, the request is non-certified.

CBC and CMP: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

Decision rationale: The request for CBC and CMP is non-certified. The injured worker has a history of groin pain. The California MTUS Guidelines recommend routine suggested monitoring for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 weeks to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. There is a lack of documentation of injured worker taking NSAIDs at this time. There is no medical necessity for these tests. As such, the request is non-certified.

