

Case Number:	CM14-0019305		
Date Assigned:	04/21/2014	Date of Injury:	02/09/2001
Decision Date:	07/02/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/14/2014

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 Occupational Medicine 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 applicant has filed a claim for chronic pain syndrome reportedly associated with industrial injury of February 9, 2001. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; epidural steroid injection therapy; unspecified amounts of physical therapy over the life of the claim; muscle relaxants; and the apparent imposition of permanent work restrictions. The applicant has apparently failed to return to work with said permanent limitations in place. In a Utilization Review Report dated January 31, 2014, the claims administrator reportedly denied a request for six follow up visits, citing non-MTUS Chapter 7 ACOEM Guidelines in its denial. Overall rationale was sparse. The claims administrator pointed to the attending provider's paucity of supporting documentation. An April 30, 2014 progress note is notable for comments that the applicant reported multifocal low back, right ankle, right foot, neck, and head pain, 8/10. The applicant's work status was not clearly detailed; however, it was stated that, at times, the applicant stayed at home all day, implying that the applicant was not working. The applicant was status post lumbar fusion surgery and spinal cord stimulator implantation. The applicant's medication list included Neurontin, Norflex, Lidoderm, Flector, Levoxyl, Zocor, Pristiq, Desyrel, Seroquel, Lasix, and Pepcid. Epidural steroid injection therapy was endorsed. The applicant was apparently permanent and stationary and was described as not working. The applicant was apparently earlier seen on January 31, 2014 and was again described as permanent and stationary. It was stated that the applicant was considering compromising and releasing her Workers' Compensation claim. The applicant again reported heightened pain complaints at that point time. On January 3, 2014, the applicant was again described as reporting 7/10 pain. The stated diagnoses included suicidal ideation, sleep disturbance, failed back syndrome, lumbar

radiculopathy, knee pain, drug detoxification, depression, and sciatica. Outpatient office visits were endorsed. It was stated that the applicant was searching for a primary treating provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) FOLLOW UP VISITS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pg. 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Stress Related Conditions Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 15), pg. 405, Follow Up section.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines, the frequency of follow up visits should be dictated by an applicant's work status. In this case, the applicant is off of work. More frequent follow up visits are therefore indicated. It is further noted that, in this case, the applicant has mental health issues superimposed on medical issues. The MTUS Guideline in ACOEM Chapter 15, also states that the frequency of follow up visits should be determined by an applicant's severity of symptoms and whether or not an applicant is missing work. In this case, the applicant is off of work and has apparently had issues with suicidal ideation at various points in time, although it is unclear whether these are historical issues or current issues. Accordingly, frequent follow up visits are indicated here, for all of the stated reasons. Therefore, the request is medically necessary.