MAXIMUS Federal Services

Case Number:	CM14-0138436		
Date Assigned:	09/05/2014	Date of Injury:	10/07/2005
Decision Date:	11/07/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/27/2014

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 is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 7, 2005.Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; earlier lumbar fusion surgery; adjuvant medications; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated August 14, 2014, the claims administrator partially approved a request for three office visits as one office visit. No guidelines were cited or incorporated into the utilization review rationale.The applicant's attorney subsequently appealed. In a June 26, 2014 progress note, the applicant reported peristent complaints of low back pain. The applicant had apparently been weaned off of methadone. The applicant was having ongoing issues with sleep disturbance and peristent lower leg pain. The applicant's medication list included Colace, Cymbalta, Tizanidine, and Norco, it was acknowledged. Multiple medications were renewed. The applicant was asked to follow up in three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up visits X 3: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 79, frequent followup visits are "often warranted" for monitoring in order to provide structure and reassurance even in applicants in whom the medical condition is not expected to change appreciably from week to week. In this case, the applicant does have a variety of chronic pain concerns requiring usage of several prescription analgesics. Frequent followup visits, including the three followup visits requested here, are therefore warranted. Accordingly, the request is medically necessary.