

Case Number:	CM14-0153720		
Date Assigned:	09/23/2014	Date of Injury:	10/10/2002
Decision Date:	10/24/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/19/2014

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 Anesthesiology, has a subspecialty in Pain 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:

MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. The Official Disability Guidelines (ODG) identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of diagnoses of displacement of thoracic or lumbar intervertebral disc, sacroiliitis, lumbosacral spondylosis, and muscle spasm. In addition, given documentation of medical records identifying that the follow up visits are for monitoring patient's pain and to evaluate the efficacy of the treatment, there is documentation of the medical necessity for a follow-up visit in order to monitor the patient's progress. However, the request for six follow-up visits exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for continuation of care/follow-up six visits is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuation of Care/follow-up Visits x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127 Official Disability Guidelines (ODG) Pain Chapter, Office visits

Decision rationale: MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of diagnoses of displacement of thoracic or lumbar intervertebral disc, sacroiliitis, lumbosacral spondylosis, and muscle spasm. In addition, given documentation of medical records identifying that the follow up visits are for monitoring patient's pain and to evaluate the efficacy of the treatment, there is documentation of the medical necessity for a follow-up visit in order to monitor the patient's progress. However, the request for 6 follow-up visits exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Continuation of Care/follow-up 6 visits is not medically necessary.