MAXIMUS Federal Services

Case Number:	CM14-0154762		
Date Assigned:	09/24/2014	Date of Injury:	02/29/2000
Decision Date:	10/27/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/22/2014

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:

There was a review from September 5, 2014. This was a request for a follow-up appointment with [redacted] on September 29, 2014 for the lumbar spine as an outpatient. The request was not certified. Per the records provided, the claimant is a 63-year-old male injured in the year 2000 now 14 years ago. The claimant has a long-standing chronic severe pain syndrome involving multiple areas including the cervical spine, the wrist, knees and the lower back area. He is being treated by pain management. He is being evaluated for a spinal cord stimulator trial to the cervical spine. He had a cervical fusion in 2005. He had previously undergone a right shoulder surgery and carpal tunnel release. He also sees a neurologist and a gastroenterologist. He has received trigger point injections in the past. He also sees a doctor for his low back and his knees as well. They see the claimant about every six weeks and the last visit was in August. There are ongoing chronic conditions with the low back and continuing low back pain and difficulty with activities of daily living. There are problems with both knees. He also saw psychiatrist on July 14, 2014. Surgery was recommended for the right hand but it was denied. There are no acute changes. He shows limited range of motion in the lumbar spine. There is tenderness in pain to palpation. He has a chronic ongoing condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up appointment office appointment for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Regarding office visits, the MTUS is silent. The ODG notes that office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) 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. In this case, it is not clear what functional objective improvements are being achieved, and what would be added by a repeat office visit. The request is appropriately not certified.