

Case Number:	CM14-0021487		
Date Assigned:	06/11/2014	Date of Injury:	09/04/2003
Decision Date:	07/14/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/20/2014

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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 records presented for review indicate this 48-year-old man was reportedly injured on September 4, 2003. The mechanism is not listed in the records reviewed. The most recent progress note, dated June 11, 2014, with pain management indicates ongoing complaints of low back pain and left lower extremity pain. There is a history of prior treatment with a lumbar spine discectomy performed in 2003. Diagnostic imaging studies include an MRI of the lumbar spine dated February 27, 2014, which showed straightening of the lumbar lordosis suggestive of spasm, multilevel facet arthropathy resulting in moderate foraminal stenosis at L3-L4, and L4-L5. Mild central canal stenosis was also noted at L5-S1. Current medications were stated to include tizanidine, naproxen, Norco, Advil, gabapentin, and amitriptyline. The physical examination demonstrated decreased lumbar range of motion with pain and a mild left sided facet tenderness. There was a left-sided L4-L5 paravertebral spasm. A left-sided foot drop was noted. Diagnosis included lumbar degenerative disc disease, low back pain, lumbosacral radiculitis, lumbar spondylosis, moderate lumbar foraminal stenosis and spasticity of the left lower extremity. A request was made for continued follow-up appointments with pain management and resulted in denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW UP PAIN MANAGEMENT VISITS 1 EVERY MONTH FOR 12 MONTHS:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 88-89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 88. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG:) Pain (Chronic), Office visits, Updated June 10, 2014.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, there is no set visit frequency required for follow-up appointments, for pain management, for those individuals on chronic opioid treatment. This should be adjusted to the patient's need for evaluation of adverse effects, pain status, and appropriate use of medication, with recommended duration between visits from one to six months. The follow-up note with pain management, dated June 11, 2014, specifically states treatment plan/recommendations that the employee is doing much better. There is no additional mention of a justification or need to see the injured employee as frequently as every month. Since it was stated by the treating physician the injured employee is doing much better and there were no stated concerns regarding, adverse effects, pain, or appropriate medication usage, this request for follow-ups with pain management every month for twelve months is not medically necessary.