

Case Number:	CM14-0023080		
Date Assigned:	05/14/2014	Date of Injury:	04/04/2007
Decision Date:	07/10/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/24/2014

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, has a subspecialty in Preventive 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 neck pain, low back pain, hip pain, shoulder pain, and depression reportedly associated with an industrial injury of April 4, 2007. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; opioid therapy; permanent partial impairment rating; trigger point injection therapy; and multiple interventional spine procedures. In a Utilization Review Report of January 28, 2014, the claims administrator partially certified a request for six followup visits as one followup visit. Non-MTUS Chapter 7 ACOEM Guidelines were cited, which the claims administrator mislabeled as originating from the MTUS. The applicant's attorney subsequently appealed. In an October 2, 2013 progress note, the applicant was described as status post earlier facet joint injection therapy. The applicant had ongoing issues with chronic neck and low back pain. Further cervical facet joint injections were performed. The applicant did have comorbid diabetes and depression, it was acknowledged. In a mental health progress note dated December 12, 2013, the applicant was given refills of Abilify and Cymbalta. The applicant was described as remaining disabled from gainfully employed from a medical perspective. Portions of the progress note were blurred as a result of repetitive photocopying. On December 16, 2013, the applicant was again described as reporting persistent complaints of back pain. The applicant was apparently given a refill of Norco. Large portions of the progress note were blurred with repetitive photocopying. Request for multiple follow-up visits was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 FOLLOW UP VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 303, and the MTUS-adopted ACOEM Guidelines in Chapter 15, page 405, the frequency of follow-up visits should be dictated by an applicant's severity of symptoms and/or whether or not an applicant is missing work. In this case, while it appears that the applicant's symptoms are presently fairly severe and that the applicant is presently missing work, it is not necessarily clear that these complaints and/or issues will persist, going forward. It is not clearly stated why six follow-up visits are being sought in one fell swoop as opposed to the attending provider's simply monitoring the applicant's progress from visit to visit. No compelling rationale for the six follow-up visits was provided. Therefore, the request is not medically necessary.