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| <b>Case Number:</b>   | CM14-0024961 |                              |            |
| <b>Date Assigned:</b> | 03/03/2014   | <b>Date of Injury:</b>       | 05/01/1997 |
| <b>Decision Date:</b> | 10/02/2014   | <b>UR Denial Date:</b>       | 02/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/27/2014 |

### 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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 47 year-old with a date of injury of 05/01/97. A progress report associated with the request for services, dated 01/03/14, identified subjective complaints of neck and lower back pain. Objective findings included decreased range of motion of the cervical spine. Sensation was decreased in the upper extremity. Motor function was normal. Diagnoses included (paraphrased) facet arthropathy; low back pain; lumbar disc disease; failed cervical surgery; and sacroiliitis. Treatment had included epidural injections, oral analgesics, and a cervical fusion in 2011. A Utilization Review determination was rendered on 02/10/14 recommending non-certification of "monthly office visit 99211-99215 x6".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Monthly Office Visit 99211-99215 x6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Office Visits.

**Decision rationale:** The Official Disability Guidelines (ODG) state that: "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." They further note that patient conditions are extremely varied and that a set number of office visits per condition cannot be reasonably established. The Medical Treatment Utilization Schedule (MTUS) state that there is no set visit frequency. It 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 1 to 6 months. The non-certification for follow-up was approved for assessment, but not ongoing treatment, as that could only be determined at the time of the assessment. The record does not document the specific follow-up treatment requested and therefore the request is not medically necessary.