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| Case Number: | CM14-0027680 | | |
| Date Assigned: | 03/07/2014 | Date of Injury: | 05/22/2007 |
| Decision Date: | 05/02/2014 | UR Denial Date: | 12/27/2013 |
| Priority: | Standard | Application Received: | 01/13/2014 |

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 56-year-old male with a reported date of injury on 05/22/2007; the mechanism of injury was a fall. The injured worker presented with chronic intermittent neck pain with radicular symptoms to the bilateral upper extremities, chronic low back pain with radicular symptoms including pain, numbness and tingling radiating into the bilateral lower extremities, left more so than the right. The injured worker reported at time his legs felt as if they would give out when he was walking and the injured worker was using a 4 wheel walker with a seat for community ambulation and at home he often used a cane due to the difficulty with the use of a walker within his home. The injured worker's ability to stand or walk was limited to less than 5 minutes with the use of his medications. Range of motion of the cervical spine was slightly reduced in all planes except for flexion, which was moderately reduced. The injured worker had tenderness to palpation throughout the lumbar spine and bilateral lumbar paraspinal regions, seated straight leg raise was positive on the right and negative on the left, the injured worker had some tenderness to palpation at the right greater trochanter, parapatellar tenderness was noted at the right knee, and the injured worker had some slight forefoot tenderness. Motor testing in the upper extremities revealed 5/5 strength in all muscles groups and motor testing in the lower extremities revealed 4/5 motor testing. The injured worker had diagnoses including chronic low back pain, bilateral sciatic with possible right L4, L5, and left L5 motor radiculopathy, bilateral sciatic with possible right L4, L5 and left L5 motor radiculopathy, lumbar degenerative disc disease, pain related insomnia, pain related depression/anxiety, possible post-concussion brain injury, chronic cervicgia, possible cervical radiculitis, relevant history of remote substance abuse, hepatitis C, hypertension, hypothyroidism, gastroesophageal reflux disease, and liver cirrhosis, as well as possible foot fracture on the right. The provider

requested a follow-up visit with [REDACTED] on 12/13/2013 for follow-up evaluation and possible trial of an intrathecal morphine pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

**FOLLOW UP EVALUATION CERVICAL/LUMBAR BY [REDACTED] PER RFA: 12/13/13
QTY: 1:** Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS CA MTUS-ACOEM 2ND EDITION, 2004, PAGE 112, 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PAIN (CHRONIC), OFFICE VISITS

Decision rationale: The Official Disability Guidelines state evaluation and management of outpatient visits to the offices of medical doctors 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 healthcare provider is individualized based upon a review of the injured worker concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The guidelines note the determination is based on what medications the injured worker is taking, since some medications such as opioids, or medications such as certain antibiotics, require close monitoring. As the injured worker's conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Within the provided documentation, it was indicated the injured worker previously was evaluated by [REDACTED] for a consultation in 05/2013 regarding a possible implantation of a morphine pump. It was noted within the 01/23/2014 clinical note that the trial of an intrathecal morphine pump for the injured worker was denied. Within the provided documentation, the requesting physician recommended the injured worker be seen by [REDACTED] for follow-up in consideration of a morphine pain pump. Within the 01/23/2014 clinical note it was noted the intrathecal morphine pump was previously denied due to a lack of documentation of objective evidence of functional improvement resulting from the use of current or prior opioids. The provider indicated the injured worker needed opioid medication in order to manage his low back pain resulting from his industrial injury. The provider indicated the injured worker's medications were necessary to help him manage his ability to function with upright activities of daily living and indicated even with his pain medication his walking and standing tolerance were limited to approximately 5 minutes whereas without medications he would hardly be able to function at all with upright activities. The injured worker required a 4 wheel walker with a seat in order to engage any ambulation, including household ambulation. The injured worker's medication regimen at that time included methadone 10 mg 2 tabs every 8 hours and Oxycodone 30 mg every 4 to 6 hours as needed. As the physician provided adequate documentation of improvements with the use of the current medication regimen, it would appear a follow-up visit with [REDACTED] would be indicated. As such, the request for follow-up evaluation cervical/lumbar by [REDACTED] per request for authorization: 12/13/2013 QTY: 1 is certified.