

<b>Case Number:</b>	CM14-0028855		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	06/14/2011
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Family Practice and is licensed to practice in Texas and 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 injured worker is a 51-year-old male who reported an injury on 06/14/2011 while bending over to pick up a 70 pound to 100 pound roll of carpet, he felt pulling and pain in the low back. The low back pain radiated to both legs and he also had right elbow pain. He carried the roll of carpet up 4 flights of stairs and had greater low back pain that radiated to both legs and right elbow. Diagnosis was lumbosacral musculoligamentous strain with degenerative disc disease. Past treatments were physical therapy, fact blocks with no pain improvement, and lumbar epidural steroid injections with no pain benefit. Diagnostic studies were x-ray and MRI of the lumbar spine. The x-rays revealed moderate to severe disc space narrowing and osteophyte formation at the L5-S1. There was slight vacuum phenomenon noted. There was anterior lateral osteophyte formation noted at the L3-4, L4-5, and L5-S1. There was neither spondylolisthesis nor spondylosis. Sacroiliac joints were normal. Surgical history was not reported. Physical examination on 09/05/2013 revealed complaints of depression and anxiety for the last 2 or 3 months. There was a decrease in range of motion for the lumbar spine. There was tenderness over the lumbosacral junction. Tenderness noted on the spinous process, paraspinal musculature tenderness, tenderness over the greater sciatic notch. Medications reported were Naprosyn. Treatment plan was to continue medications as directed. The rationale was not submitted. The Request for Authorization was submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OFFICE VISIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

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

**Decision rationale:** The decision for office visit is not medically necessary. The Official Disability Guidelines state that office visits are recommended as determined to be medically necessary. Evaluation and management for 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 patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opioids, or medications such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of a necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient dependence from the healthcare system through self-care as soon as clinically feasible. This request does not indicate what type of office visit the injured worker is in need of. Is it for his primary care doctor or is it a specialty office visit. Therefore, the request is not medically necessary.