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| Case Number: | CM14-0031516 | | |
| Date Assigned: | 03/19/2014 | Date of Injury: | 08/21/2010 |
| Decision Date: | 05/02/2014 | UR Denial Date: | 01/23/2014 |
| Priority: | Standard | Application Received: | 02/05/2014 |

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 & Rehabilitation has a subspecialty in Interventional Spine 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 patient reported an injury date on 08/21/10. Based on the 12/04/13 progress report provided by [REDACTED], the patient's diagnosis include left wrist pain, low back and bilateral lower extremity pain, and bilateral foot pain. [REDACTED] is requesting 3 monthly medication management visits. The utilization review determination being challenged is dated 01/23/14 and recommends denial of the 3 monthly medication management visits. [REDACTED] is the requesting provider, and he provided treatment reports from 06/18/13- 12/04/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 MONTHLY MEDICATION MANAGEMENT VISITS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC Pain, Office Visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: According to the 12/04/13 progress report provided by [REDACTED], the patient presents with left wrist pain, low back and bilateral lower extremity pain, and bilateral foot pain. The request is for 3 monthly medication management visits. The request was denied

by utilization review letter dated 01/23/14 and no rationale was provided. ACOEM chapter 12 discusses follow up visits and states that "patients with potentially work-related low back complaints should have follow-up every three to five days by a midlevel practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns." Therefore, the 3 monthly medication management visits should be allowed. Recommendation is for authorization.