

Case Number:	CM14-0034366		
Date Assigned:	06/20/2014	Date of Injury:	11/15/2009
Decision Date:	07/18/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/19/2014

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 Medicine and is licensed to practice in New Jersey. 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 worker is a 57-year-old male who was injured on 11/15/09. He later was diagnosed with chronic pain, spondylosis of the lumbar area, lumbar degenerative disc disease with radiculopathy, and facet arthropathy. Treatment for his chronic lower back pain over the years included oral medications, physical therapy, and surgery. He was able to eventually work full time and was managing fairly with medications. A request was made on 2/19/14 by his treating physician for 6 follow-up visits every other month for a year for ongoing care and follow-up presumably, but the reason was not stated in the documents provided for review. Limited information about this request was found in the notes provided for review, however, the worker based on the progress notes appeared to be stable and be able to work with the occasional day off, but had no changes with medications or plans were discussed. He requested to avoid surgery and maintain medical management of his chronic back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) follow-up visits, every other month for a year: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOWER BACK SECTION, OFFICE VISITS.

Decision rationale: The MTUS Guidelines are silent on office visits with a physician. The ODG, however, states that they are recommended as determined to be medically necessary, and clearly should be encouraged. 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. A set number of visits cannot be reasonable established, however, the clinician should be mindful of the fact that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In the case of this worker, he seemed to be stable with no evidence of any need for frequent visits. Therefore, the six follow-up visits over the course of one year are not medically necessary.