

Case Number:	CM14-0069058		
Date Assigned:	07/14/2014	Date of Injury:	08/21/2010
Decision Date:	10/23/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/14/2014

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 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:

This 47 year old patient had a date of injury on 8/21/2010. The mechanism of injury was not noted. In a progress noted dated 4/24/2014, the patient complains of low back pain and right foot pain. The pain is described as aching and stabbing sensation in the primary area of discomfort. The patient reports they still have pain but it is lessened by current treatment regimen, and they are able to do ADLs as a result of medications. On a physical exam dated 4/24/2014, the patient is on Norco, Lidoderm patches, Relafen, Cymbalta, and Voltaren Gel. The diagnostic impression shows closed fracture of unspecified vertebra without spinal cord injury, thoracic or lumbosacral neuritis or radiculitis, depressive disorder, osteoarthritis. Treatment to date: medication therapy, behavioral modification. A UR decision dated 5/6/2014 denied the request for monthly follow up visits with pain management x6, stating that given the patient is being prescribed multiple medications by pain management and physician, including Norco, follow up visits are reasonable. However, 3 monthly visits are reasonable, and consideration can be made for additional follow up visits after that point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly Follow-Up Visits with Pain Management x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines- Acute & Chronic

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter office visits

Decision rationale: CA MTUS does not address this issue. ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. However, in the 4/24/2014 progress report, there was no clear rationale provided regarding the medical necessity of 6 office visits, and why 1 visit would not suffice. Therefore, the request for monthly follow-up visits with pain management x6 was not medically necessary.