

Case Number:	CM14-0079161		
Date Assigned:	07/18/2014	Date of Injury:	04/10/2012
Decision Date:	09/19/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/29/2014

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 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 injured worker is a 40-year-old male who reported an injury on 04/10/2012. The mechanism of injury was a fall. His diagnoses were noted to include status post micro lumbar decompression on 07/09/2013, left ankle sprain, multiple herniated nucleus purposes of the cervical spine, cervical radiculopathy, herniated nucleus pulposus of lumbar spine, and lumbar radiculopathy. His past treatments were noted to include a lumbar spine surgery, chiropractic treatment, physical therapy, oral medications, and topical analgesics. On 04/25/2014, the injured worker presented with complaints of low back pain with radiation into the bilateral lower extremities. He rated his pain 7/10 to 8/10. His physical examination revealed an antalgic gait with use of a cane, tenderness to palpation of the lumbar paraspinal muscles, decreased range of motion in all planes, decreased sensation in the left lower extremity, and decreased motor strength in the left lower extremity. His medications were noted to include Mobic, Flexeril, and Elavil. The treatment plan included psychological clearance for a spinal cord stimulator, home health assistance to help him with his activities of daily living, a trial of Gabapentin, and continued participation in a home exercise program. Additionally, it was not that the injured worker should have pain management follow-ups, ongoing follow-ups with pain psychologist, and ongoing follow-ups with podiatry. A clear rationale for the request for follow-up visits as needed was not provided. The request for authorization form was submitted on 05/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Appropriateness of request for follow-up PRN. This request is not for a single office visit, but for any/all additional follow-up visits this patient may require in the future.: Upheld

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

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 visit.

Decision rationale: According to the Official Disability Guidelines, office visits with medical doctors are recommended as determined to be medically necessary based on individual patient status, clinical presentation, and reasonable physician judgment. The injured worker was noted to have chronic pain in multiple areas. He was also noted to be taking medications, and was being considered for a spinal cord stimulator trial. He was also noted to be followed by pain management, a pain psychologist, a podiatrist, and his orthopedic physician. However, a clear rationale was not provided for the requested followup visits as needed. Additionally, as the necessity of office visits is based on clinical presentation, individual complaints, and the specific treatment plan, the need for office visits as needed cannot be supported. Therefore, the request is not medically necessary.