

Case Number:	CM14-0128026		
Date Assigned:	08/15/2014	Date of Injury:	03/18/2011
Decision Date:	03/10/2015	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, Texas
 Certification(s)/Specialty: Internal Medicine

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 58 year old female sustained a work related injury on 03/18/2011. The mechanism of injury was not made known for the date of 03/18/2011. According to a progress report dated 06/16/2014, the provider gave a history of treatments received that included epidural steroid injections, the first which was done in April of 2014. The second one followed a month later. The injured worker noted very little improvement with this course of treatment "and after a couple of days the back and hip was about the same again." According to a progress report dated 07/15/2015 the injured worker presented with back pain. Onset was noted as one year ago. Severity level was 7. Duration varied. Pain was located in the lower back and radiated to the right ankle, right calf, right foot and right thigh. Pain was described as an ache, sharp shooting, stabbing and throbbing. Symptoms were aggravated by bending, changing positions, extension, flexion, standing and walking. Symptoms were relieved by pain meds/drugs. Assessment included degeneration of lumbar or lumbosacral intervertebral disc symptomatic, lumbar facet arthropathy symptomatic and spinal stenosis of lumbar region symptomatic, myofascial pain symptomatic and cervicgia symptomatic. Treatment plan included recommendation for CESI (caudal epidural steroid injection), refer to PEP program, add Ibuprofen 600mg by mouth three times a day as need #90 with no refills and return to clinic in one month. On 07/31/2014, Utilization Review non-certified a follow up visit that was requested on 07/24/2014. As the request for cervical epidural steroid injection and PEP program are not certified a follow up office visit was not medically necessary. Guidelines cited for this review included ACOEM 2004 Neck and Upper Back Chapter: Follow up Visits; XXXXXXXXXX Occupational Medicine Practice

Guidelines, 2nd Edition (2004) page 177. The decision was appealed for and Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow Up Visit: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation TWC Pain Procedure Summary

Decision rationale: Office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) 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 health care 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 medicines such as opiates, or medicines 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 necessity for an office visit requires individualized case review and assessment, being ever mindful 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 this case the request is for an outpatient follow up with the pain clinic that has been administering cervical pain procedures. Although the procedures have been denied during utilization review, the specialist may have alternative forms of treatment for this patient's chronic pain. The follow up with the pain specialist is medically appropriate.