

Case Number:	CM14-0190688		
Date Assigned:	11/24/2014	Date of Injury:	07/19/2013
Decision Date:	01/09/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/14/2014

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 Internal Medicine 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 31-year-old woman with a date of injury of July 19, 2013. The mechanism of injury was not documented in the medical record. The injured worker has tried rest, medications, physical therapy, and injection therapy without relief. Multiple physicians including a spine surgeon who recommended surgical intervention have seen her. Pursuant to the pain management specialist progress note dated September 4, 2014, the injured worker presents with mid back and low back pain. Her pain levels still persist. She has been taking Oxycodone, but has needed to double up on it at times. She has taken about 8 per day, which adequately controlled the pain. She denies any significant radiating pain but the pain levels are quite severe without the medication. She is quite incapacitated by the pain. Physical examination revealed tenderness along the lumbar paraspinals. Range of motion was limited to flexion at 90 degrees. Muscle strength is 5/5 in the upper and lower extremities. The injured worker has been diagnosed with thoracic degenerative disc disease, thoracic disc pathology at C11-C12, thoracic radiculitis, and lumbar disc pathology at L5-S1. The provider is requesting a prescription for Oxycodone 20mg 1-2 tablets every 4 hours. She was also given a prescription for Soma for breakthrough pain. The injured worker's Primary Treating Physician is requesting authorization for continued follow-up evaluation with a pain management specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued follow up evaluation with a pain management specialist: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Office Visits

Decision rationale: Pursuant to the Official Disability Guidelines, continued follow-up evaluation with a pain management specialist is not medically necessary. Office visits are recommended as determined to be medically necessary. Evaluation and management outpatient visits to physician offices play a critical role in the proper diagnosis and returned function of an injured worker. The need for clinical office visit is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is based on what medications the patient is taking since some medicine such as opiates or certain antibiotics require close monitoring. In this case, the injured worker was being seen by a pain specialist. The initial visit appears to be dated September 9, 2014. It states, in part, the injured worker sustained mid back pain and low back pain. The injured worker had already received significant physical therapy and medication management with no significant benefit. Multiple injections were tried with only short-term relief. She was deemed an appropriate surgical candidate. In subsequent progress notes the pain specialist increased the Oxycodone. The injured has continued to demonstrate considerable ongoing pain despite prior skills interventions (with the pain specialist). It appears surgical intervention is required. Consequently, continued follow-up evaluation with a pain management specialist is not clinically indicated and not medically necessary.