

Case Number:	CM14-0194136		
Date Assigned:	12/01/2014	Date of Injury:	11/18/2009
Decision Date:	01/14/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/19/2014

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 Practice 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 44 yr. old male claimant sustained a work injury on 11/18/09 involving the low back. He was diagnosed with lumbar radiculopathy and had undergone a laminectomy. He developed a failed back syndrome. He had performed home exercises. He had been on Percocet, Lyrica and Lexapro for pain and had been managed by a pain specialist for at least 8 months. He was not able to tolerate some of his medications and had continued back pain. A progress note from pain management on 9/11/14 indicated the claimant had tenderness to palpation in the lumbar spine with flexion and extension. A request was made for a psychiatric evaluation prior to placement of a spinal cord stimulator and 12 office visit follow-ups with pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Follow Up Visits 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) Treatment Index, 11th Edition (web), 2014, Pain/Office visits; regarding: 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) office visits

Decision rationale: According to the guidelines, office visits can occur as medically necessary. In this case, the claimant was to have a psychiatry consultation and consideration for a spinal cord stimulator. These interventions could potentially reduced the need for pain medications and pain management visits. Future intervals with pain management a each office visit may set a different course and outcome in the claimant's health. The advanced request for 12 visits with pain management is not medically necessary.