

Case Number:	CM14-0200611		
Date Assigned:	12/10/2014	Date of Injury:	10/02/2001
Decision Date:	03/10/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/01/2014

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: California, Indiana, New York
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:

The injured worker is a 60 year old male, who sustained an industrial injury on 10/02/2001. He has reported subsequent low back pain. The diagnoses have included displacement of lumbar intervertebral disc, lumbosacral spondylosis and myofascial pain syndrome. Treatment to date has included oral and topical pain medication. Currently the injured worker complains of continued moderate low back pain that was rated as a 4/10. Objective examination findings showed decreased range of motion in the back. Physician documentation noted that the injured worker was requesting a pain management referral due to severe pain and a request for 4 visits was made by the physician. On 11/19/2014, Utilization Review modified a request for 4 pain management/physical therapy visits 1 visit every 90 days to 1 pain management visit between 10/9/2014 and 11/12/2015 noting that the need for follow-up visits should be determined at the time of service. MTUS and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management/physical therapy visits; 1 visit every 90 days; 4 visits: 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), Low

Back, Lumbar & Thoracic (Acute & Chronic); Chronic Pain Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, page 56

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, page 127. Decision based on Non-MTUS Citation Pain section, Office visits

Decision rationale: Pursuant to the Official Disability Guidelines, pain management/physical therapy visits, one visit every 90 days for #4 visits is not medically necessary. The need for clinical office visit with a healthcare provider is individualized based on 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 medications such as opiates or medicine such as certain antibiotics, require close monitoring. In this case, the injured worker's working diagnoses are disc bulge lumbar spine; and low back paresthesia. Subjectively, the injured worker has low back pain described as moderate and uncomfortable. The injured worker is requesting a pain management referral due to severe pain. Objectively, lumbar spine has decreased range of motion with normal strength. Reflexes and sensation are normal. The injured worker is taking Norco 10/325, Xanax 1 mg and Soma 350 mg. Although the injured worker may benefit from a pain management consultation, one visit every 90 days times #4 visits is not medically necessary. The need for an office visit is individualized based upon patient concerns, signs and symptoms and clinical stability with reasonable physician judgment. There is no documentation in the medical record indicating quarterly visits are indicated. Consequently, absent clinical documentation to support a pain management/physical therapy visit (#4), one visit every 90 days for #4 visits is not medically necessary.