

Case Number:	CM14-0206489		
Date Assigned:	12/18/2014	Date of Injury:	08/18/2000
Decision Date:	02/10/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/10/2014

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 Rehab, has a subspecialty in Interventional Spine, 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 patient is a 49 year old male with the injury date of 08/18/00. Per physician's report 11/05/14, the patient has neck pain and lower back pain as 3- 10/10, aggravated by his activities. His neck pain radiates down his arms bilaterally but his lower back pain does not radiate to his legs. The patient had spinal fusion surgeries in 2002 and 2007. The patient has had physical therapy and medication with benefit. The patient has not worked since 2000. The diagnosis is stenosis vs sacral fracture. Per 09/19/14 progress report, the patient has right shoulder pain at 9/10. The patient is currently taking Gabapentin, Vicodin and Norco. The patient will see orthopedic surgeon [REDACTED] for the back pain. The patient is seeing a psychiatrist [REDACTED] regularly. The lists of diagnoses are:1) Lumbar stenosis2) Facet arthroscopy3) Lumbar DDD4) Arthropathy of shoulder region5) Arm neuralgiaPer 07/02/14 progress report, the patient has increased right upper extremity pain. The patient remains under the care of psychiatrist for major depression disorder. Urine Drug screening conducted on 07/02/14 resulted with consistent. The utilization review determination modified to #1 office visit on 11/20/14. Treatment reports were provided from 07/02/14 to 11/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up office visits x12 throughout 2015: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary last updated 10/30/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, office visitation.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and upper extremity. The patient is s/p spinal fusion surgeries in 2002 and 2007. The patient is currently taking Gabapentin, Vicodin and Norco. The request is for 12 sessions of follow up office visits throughout 2015. The request of 12 office visits was modified to 1 office visit by utilization review letter dated 11/20/14, stating "the medical necessity for follow-up x1 visit is established for further assessment and treatment planning." ACOEM chapter 12 discusses follow up visits and states that "patients with potentially work-related neck or upper back complaints should have follow-up every three to five days by a midlevel practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns." ACOEM applies to acute situation and for chronic condition, ODG guidelines may be more appropriate. ODG guidelines Pain Chapter, under "office visitation" section states, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) 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." For number of automatic approval, under "codes for automated approval," six (6) follow-up office visitations are allowed. In this case, office follow up visits are supported for chronic pain management. However, the request is for 12 sessions and the ODG allows up to 6 visitations for automated allowance. Given that the request exceeds what is allowed, the request is not medically necessary.