

Case Number:	CM14-0096201		
Date Assigned:	07/25/2014	Date of Injury:	05/24/2000
Decision Date:	03/27/2015	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/24/2014

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59-year-old male who reported an injury on 05/24/2000. The mechanism of injury was not provided. His diagnoses included hypogonadism. On 10/14/2015, the injured worker was seen for low back and leg pain. There have been no changes since the last visit. He was unable to wean medications further in light of constant severe pain. His NCS unit stopped working 3 weeks ago. Physical therapy had been reducing his pain significantly. Upon examination of the lumbar spine, palpation of the lumbar facet reveals right sided pain at L3-S1. The pain is noted over the lumbar spaces on palpation. Palpation twitch was positive for trigger points in the lumbar paraspinals muscles. On right, the gait appears to be antalgic. Anterior flexion of the lumbar spine was 40 degrees and caused pain. Extension of the lumbar spine was 10 degrees and caused pain. The injured worker is status post fusion, which never fused. His IPG battery has reached end of life and needs to be replaced. Medications include Lunesta 3 mg, MS Contin 15 mg, and Norco 10/325 mg. The Request for Authorization form and rationale were not provided within documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow Up with Internal Medicine 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, Treatment in Workers' Compensation: E&M (Evaluation and Management) Outpatient Visits

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

Decision rationale: The request for followup with internal medicine specialist is not medically necessary. The injured worker had a history of back and leg pain. The Official Disability Guidelines recommend an office visit to be medically necessary. Evaluation and management of outpatient visits to the offices of medical doctor(s) is a critical role in the proper diagnosis and return to function of an injured worker. 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 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. There is a lack of rationale to warrant request at this time. As such, the request is not medically necessary.