

Case Number:	CM15-0001091		
Date Assigned:	01/12/2015	Date of Injury:	06/28/2013
Decision Date:	03/06/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/05/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 61 year old male who sustained an industrial injury on 6/28/13. The injured worker reported symptoms including back pain and headaches. The diagnoses included bulging lumbar disc, myalgia and myositis, unspecified, spasm of muscle, chronic pain syndrome. Treatments to date have included home exercise program, oral medications, and polysomnography. PR2 dated 11/11/14 noted the injured worker presents with "general, low back pain and headache". The treating physician is requesting follow up visit for pain management x 4 visits. On 12/11/14, Utilization Review non-certified a request for follow up visit for pain management x 4 visits. The California Medical Treatment Utilization Schedule, American College of Occupation and Environmental Medicine Guidelines, and Official Disability Guide was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit for pain management x 4 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Office Visits

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 77, 81, 127.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Specifically with those taking opioids, a pain specialist may be helpful and warranted in cases where subjective complaints do not correlate with imaging studies and/or physical findings and/or when psychosocial issue concerns exist, when dosing of opioids begins to approach the maximum recommended amounts, or when weaning off of opioids proves to be challenging. In the case of this worker the requesting physician (pain specialist) requested 4 follow-up visits, the first of which being one month from the last office visit. The medical necessity for the first out of the four follow-up visits appears to be solid, with a plan to continue weaning of medication and refilling of prescriptions. However, as symptoms and medications and dosages may change the medical necessity for the additional follow-ups cannot be justified. Therefore, the request for four follow-ups will be considered medically unnecessary.