

Case Number:	CM15-0002496		
Date Assigned:	01/13/2015	Date of Injury:	12/10/2010
Decision Date:	03/24/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/06/2015

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: Arizona, California
 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 60 year old female, who sustained an industrial injury on December 10, 2010. The diagnoses have included lumbar radiculopathy and chronic pain syndrome. Treatment to date has included chiropractic therapy, acupuncture therapy, physical therapy, orthopedic consultation and medication. The injured worker presented for evaluation on November 13, 2014 and requested another epidural steroid injection. On examination the injured worker had tenderness over the lumbar spine and at the sciatic notch. On December 8, 2014 Utilization Review non-certified a request for follow-up visit in five weeks, noting that it is unclear as to the necessity of the follow-up, there is no documentation of specific requirements related to the follow-up and there is a paucity of physical findings documented supporting the request. The Official Disability Guidelines was cited. On January 6, 2015, the injured worker submitted an application for IMR for review of follow-up visit in five weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow Up Visit in 5 Weeks: 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 (ODG-TWC), Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Follow-up visits

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. 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. In this case, the request for office visit does not outline the need for the requests, anticipated intervention. She has had this interval of follow-up for an extended time.