

Case Number:	CM15-0135462		
Date Assigned:	07/27/2015	Date of Injury:	04/13/2001
Decision Date:	09/08/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/13/2015

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: California, Hawaii
 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:

This is a 34 year old female with an April 13, 2001 date of injury. A progress note dated May 28, 2015 documents subjective complaints (continue to have rather severe pain involving the lower lumbar spine, all of the buttocks and posterior thighs, but also in the mid to upper back region; pain rated at a level of 8 out of 10), objective findings (tenderness to the low back with palpable muscle spasm; decreased range of motion of the low back; decreased sensory in the left lateral buttock, hip, and thigh; straight leg raise test is positive on both lower extremities, worse on the left; knee brace over the left knee; left knee swelling and effusion; tenderness on the medial aspect of the knee; decreased range of motion of the left knee as compared to the right; decreased motor in the left ankle dorsiflexion and mild foot drop), and current diagnoses (status post lumbar laminectomy by posterior approach and 2-level disc replacement surgery by anterior approach; failed back surgery syndrome, lumbar region; left lower extremity radiculitis; sensory and motor radiculopathy; fibromyalgia; left knee arthritis). Treatments to date have included lumbar disc replacement, medications, and intrathecal pump trial. The treating physician documented a plan of care that included re-evaluation at 90 intervals with Pain Management physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-evaluation at 90 intervals with Pain Management MD: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Pain chapter, Office Visits.

Decision rationale: The patient presents with severe pain in the lower lumbar spine, all of the buttocks and posterior thighs and also in the mid to upper back region. The current request is for re-evaluation at 90 intervals with pain management MD. The treating physician requests on 5/28/15 (13B), "authorization for re-evaluation at 90 intervals." ODG states the following regarding office visits: "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. 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 treating physician has requested an open ended number of visits with the pain management physician. The indefinite need for follow-up re-evaluations cannot be determined. The current request is not medically necessary.