

Case Number:	CM15-0136218		
Date Assigned:	07/24/2015	Date of Injury:	03/31/1996
Decision Date:	08/25/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/14/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 51-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of March 31, 1996. In a utilization review report dated June 29, 2015, the claims administrator partially approved a request for 24 pain management follow-up visits on a monthly basis as 3 pain management follow-up visits. A May 6, 2015 RFA form was referenced in the determination. The applicant's attorney subsequently appealed. On April 15, 2015, the applicant reported severe knee pain radiating to the hip and foot, aggravated by negotiating stairs, pushing, pulling, squatting, and bending. The applicant was given a primary diagnosis of reflex sympathetic dystrophy (RSD). The applicant was asked to employ Lidoderm, Norco, and Neurontin. The applicant was asked to consider visco-supplementation injection therapy. The applicant was placed off of work, on total temporary disability. On May 13, 2015, the applicant was again placed off of work, on total temporary disability, for an additional six weeks, while various medications were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly pain management follow up, quantity: 24: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 15 Stress Related Conditions Page(s): 79; 405.

Decision rationale: No, the request for 24 monthly pain management follow-up visits is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 5, page 79 does acknowledge that frequent follow-up visits are often warranted in order to provide structure and reassurance even in applicants whose conditions are not expected to change appreciably from visit to visit or week to week, this recommendation is, however, qualified by commentary made in the MTUS Guideline in ACOEM Chapter 15, page 405 to the effect that the frequency of follow-up visits should be dictated by the severity of an applicant's symptoms. Here, the attending provider did not clearly state why the applicant needed 24 office visits over the next two years. The request for so many different office visits via one RFA form, thus, ran counter to the philosophies set forth on page 405 of the ACOEM Practice Guidelines to predicate the frequency of office visits on the severity of an applicant's symptoms. It was not clearly stated why such frequent follow-up visits were needed at the relatively late stage in the course of the claim, some 19 years removed from the date of injury. Therefore, the request is not medically necessary.