

Case Number:	CM15-0138453		
Date Assigned:	07/28/2015	Date of Injury:	11/13/2013
Decision Date:	08/25/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 35 year old male who sustained an industrial injury on 11-13-13. Diagnoses are L4-5 and L5-S1 disc degeneration, L4-5 and L5-S1 stenosis, bilateral lumbar radiculopathy, right L5 extruded disc herniation and chronic intractable pain. In a primary treating physician's visit for medications management with request for authorization dated 5-21-15, the physician notes complaints of low back pain which radiates into the bilateral thighs posteriorly, rated as 4-6 out of 10 without medications. With medications it is reduced to 2 out of 10. Current medications are Norco and Baclofen. Also noted is; as the injured worker is suffering from a chronic condition and this is a surgical practice, his medications would be better monitored and controlled in a pain management setting. Therefore, the physician will request authorization for ongoing pain management care for medication management. He is permanent and stationary with work restrictions. The requested treatment is outpatient: ongoing pain management for medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient: On going Pain Management care for medication management: 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 Official Disability Guidelines (ODG) Pain (Chronic) Office visits.

Decision rationale: The claimant has a cumulative trauma work injury with date of injury in November 2013 and continues to be treated for radiating back pain. Norco and Baclofen are being prescribed. Physical examination findings included lumbar paraspinal muscle tenderness with positive right straight leg raising. Norco was refilled. The claimant had undergone a trial of TENS with suboptimal relief of symptoms and authorization for a 30 day trial of an H-wave unit was requested. Ongoing pain management visits were requested. Office visits are recommended as determined to be medically necessary. 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. In this case, Norco was being prescribed and an H-wave trial was requested. Follow-up to determine whether the trial had been effective including a potential reduction in medication usage would be medically necessary. However, the duration and number of visits being requested was not specified. Although patient conditions are extremely varied and a set number of office visits per condition cannot be reasonably established, the request as submitted is not adequate in terms of what is being requested and cannot be accepted as being medically necessary.