

Case Number:	CM15-0138492		
Date Assigned:	07/28/2015	Date of Injury:	07/29/2004
Decision Date:	08/27/2015	UR Denial Date:	06/16/2015
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: 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 62-year-old who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of July 29, 2004. In a utilization review report dated June 16, 2015, the claims administrator partially approved a request for three follow-up visits with a pain management specialist as one follow-up visit with said pain management specialist. The claims administrator referenced a June 9, 2015 RFA form and associated progress notes of May 28, 2015 and May 13, 2015 in its determination. The applicant's attorney subsequently appealed. On May 13, 2015, the applicant's pain management physician suggested a trial of six sessions of acupuncture. The applicant was on Norco, Effexor, and Ambien, it was reported. Ongoing complaints of neck and low back pain were noted. The applicant had undergone earlier failed cervical and lumbar spine surgeries. The applicant had developed derivative complaints of depression, it was further noted. The applicant's work status was not detailed, although it did not appear that the applicant was working. In an orthopedic note dated May 12, 2015, the applicant reported ongoing complaints of low back pain. The applicant was asked to consult a pain management specialist. Ancillary complaints of neck pain were noted. The applicant was given a prescription for Norco. Permanent work restrictions and a sleep pillow were endorsed. It was not clearly stated whether the applicant was or was not working with said permanent limitations in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up evaluation with a pain management specialist for the cervical spine, thoracic spine, and lumbar spine, three visits: Overturned

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, Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: Yes, the request for three follow-up visits with a pain management specialist is medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are "often warranted" to provide structure and reassurance even though the applicants whose conditions are not expected to change appreciably from visit to visit or week to week. Here, the applicant had multifocal pain complaints. The applicant was using a variety of analgesic, adjuvant, and psychotropic medications, including Norco, an opioid agent. Obtaining follow-up visits with the applicant's pain management physician was, thus, indicated on several levels, including for medication management purposes. Therefore, the request is medically necessary.