

Case Number:	CM15-0143336		
Date Assigned:	08/04/2015	Date of Injury:	10/30/1998
Decision Date:	09/01/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/23/2015

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 59 year old male, who sustained an industrial injury on 10-30-1996 include lumbar post laminectomy syndrome, lumbar or sacral disc degeneration, lumbosacral neuritis, spasm of muscle and other chronic pain. Treatment to date has included surgical intervention (laminectomy, undated) as well as medication management. Per the Primary Treating Physician's Progress Report dated 6-16-2015 the injured worker reported hip pain and back pain. He reports relief from opiate pain medications. He rates his pain as 2 out of 10. At its worst the pain is 3 out of 10 and 1 out of 10 at its best. Physical examination of the lumbar spine revealed tenderness to palpation with decreased range of motion. The plan of care included medication management. Authorization was requested for one monthly visit with pain management specialist for lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

One monthly office visit with pain management specialist for lower back pain (duration not specified) as an out-patient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, p79 Page(s): 79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Office visits.

Decision rationale: The claimant has a remote history of a work injury occurring in October 1996 and continues to be treated for low back and hip pain. Pain was rated at 1-3/10. Physical examination findings included decreased lumbar spine range of motion with tenderness. His BMI was nearly 29. Medications being prescribed include OxyContin and Percocet. According to the California Medical Board Guidelines for Prescribing Controlled Substances for Pain, patients with pain who are managed with controlled substances should be seen monthly, quarterly, or semiannually. However, as patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The request for monthly visits for an indeterminate period of time is not medically necessary.