MAXIMUS Federal Services

Case Number:	CM15-0143380		
Date Assigned:	08/31/2015	Date of Injury:	08/07/2012
Decision Date:	09/30/2015	UR Denial Date:	07/20/2015
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: Texas, Florida, 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 injured worker is a 31 year old male, who sustained an industrial injury on 8-7-12. The injured worker has complaints of bilateral hand pain, constant upper and lower back pain and painful movements of both knees. The documentation noted that the injured worker has a seizure disorder. The documentation noted range of motion of the thoracic spine was slightly restricted upon flexion and extension and range of motion of the lumbar spine was slightly-to- moderate restricted in all planes. The range of motion of the bilateral knees was slightly decreased in all directions. Sensation to fine touch and pinprick was decreased in all digits of both hands and the grip strength was decreased in the right and left hand. The diagnoses have included posttraumatic chronic daily headaches, vascular type; chronic myofascial pain syndrome, thoracolumbar spine, moderate-to-severe; posttraumatic seizures disorder, generalized and moderate-to-severe bilateral carpal tunnel syndrome and moderate bilateral ulnar nerve entrapment at both elbows. Treatment to date has included wellbutrin; tramadol and naproxen. The request was for pharmacologic assessment and management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacologic assessment and 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) Low back, Office visits.

Decision rationale: This claimant was injured over three years ago with bilateral hand pain, constant upper and lower back pain and painful movements of both knees. The documentation noted that the injured worker also has a seizure disorder. The diagnoses have included posttraumatic chronic vascular type daily headaches, chronic myofascial pain syndrome, thoracolumbar spine, moderate-to-severe; posttraumatic seizures disorder, generalized and moderate-to-severe bilateral carpal tunnel syndrome and moderate bilateral ulnar nerve entrapment at both elbows. Treatment to date has included Wellbutrin; tramadol and naproxen. Regarding office visits, the MTUS is silent. The ODG notes that office visits are 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. In this case, it is not clear why a separate, distinct visit to address medicines is needed, and what might require a specialist visit or what is driving a need for a special medical management visit. The request is not medically necessary.