

Case Number:	CM15-0144965		
Date Assigned:	08/05/2015	Date of Injury:	11/14/1995
Decision Date:	09/09/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/27/2015

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 47-year-old male who sustained an industrial injury on 11-14-1995. The injured worker was diagnosed with lumbar degenerative disc disease. The injured worker is status post laminectomy with subsequent L5-S1 fusion in 1997. Treatment to date has included diagnostic testing with recent lumbar magnetic resonance imaging (MRI) in September 2014 and lumbar X-rays in April 2015, surgery, chiropractic therapy, physical therapy and medications. According to the primary treating physician's progress report on July 13, 2015, the injured worker continues to experience low back pain radiating down the right leg. There was myalgia in the right latissimus dorsi into the right neck noted. According to the primary treating physician report on June 10, 2015, the injured worker rated his pain as 5-8 out of 10 on the pain scale with medications and without medications, he is nearly disabled. Current medications are listed as Tramadol, Gabapentin and Baclofen. Treatment plan consists of tapering Gabapentin and the current request for six pain clinic visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 pain clinic visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic pain disorder medical treatment

guidelines, State of Colorado Department of Labor and Employment (Chapter: Chronic pain disorder; section: therapeutic procedures, Non operative), 4/27/2007, pg 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Office visits.

Decision rationale: Regarding the request for 6 pain clinic visits, California MTUS does not specifically address the issue. ODG cites that "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. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." Within the documentation available for review, it is noted that the patient is currently taking multiple medications that warrant routine reevaluation for efficacy and continued need. While a few office visits are appropriate, as with any form of medical treatment, there is a need for routine reevaluation and the need for 6 additional visits cannot be predicted with a high degree of certainty. Unfortunately, there is no provision for modification of the request to allow for an appropriate amount of office visits at this time. In light of the above issues, the currently requested 6 pain clinic visits are not medically necessary.