

Case Number:	CM15-0160758		
Date Assigned:	08/27/2015	Date of Injury:	01/16/2013
Decision Date:	10/02/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/17/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old female, who sustained an industrial injury on 1-16-2013. Diagnoses include lumbar spine strain and left foot strain. Treatment to date has included conservative measures including medications, physical therapy, chiropractic manipulation, acupuncture, home exercise and stretching, and work restrictions. Per the handwritten Primary Treating Physician's Progress Report dated 6-18-2015, the injured worker reported lower back pain rated as 7 out of 10 with radiation to the left lower extremity and foot. Physical examination revealed decreased sensation in the left leg. The plan of care included diagnostics and medications and authorization was requested for pain medicine follow-up visit regarding chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain medication follow up visit regarding chronic pain: 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, Pain Chapter.

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 - Lumbar & Thoracic (Acute & Chronic) Chapter, under Office visits.

Decision rationale: The patient presents with lower back pain. The request is for Pain medication follow up visit regarding chronic pain. The request for authorization is not provided. Physical examination of the lower back reveals 2+ tender to palpation. Pain radiates left greater than right. Patient testing consisted of X-rays, MRI, and EMG. Patient was provided physical modalities and prescription medication as treatment. Patient's medications include Neurontin and Tramadol. Per progress report dated 07/07/15, the patient to remain off-work. ODG-TWC Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Office visits Section states, "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." Treater does not discuss the request. In this case, the patient continues with low back pain radiating to lower extremity. ODG guidelines recommend office visits with the primary treating physician to review patient concerns, signs and symptoms. Therefore, the request is medically necessary.