MAXIMUS Federal Services

Case Number:	CM15-0163124		
Date Assigned:	08/31/2015	Date of Injury:	03/10/2003
Decision Date:	10/09/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/20/2015

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:

This 38 year old man sustained an industrial injury on 3-10-2003. The mechanism of injury is not detailed. Diagnoses include lumbar spine failed back surgery syndrome with neuropathic pain, right hip osteoarthritis, and chronic low back pain. Treatment has included oral medications. Physician notes dated 6-24-2015 show complaints of low back and hip pain. Recommendations include continue Methadone titration, Percocet, trigger point injections, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office visit PR-2 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

Decision rationale: The patient was injured on 03/10/03 and presents with low back pain and hip pain. The request is for OFFICE VISIT PR-2 X 3. The utilization review rationale is that the

request cannot be established in advance of the documentation of the frequency and the documentation of the date and outcome of the last urine drug screening procedure. There is no RFA provided and the patient's current work status is not provided either. Treatment reports provided are brief. ACOEM Practice Guidelines, 2nd edition (2004), page 127, states the following, Occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The patient has a decreased lumbar spine range of motion and is diagnosed with lumbar spine failed back surgery syndrome with neuropathic pain, right hip osteoarthritis, and chronic low back pain. The reason for the request is not provided. Although the patient has pain in his lower back and hip, there is no indication of why 3 office visits are necessary and there is no treatment plan provided. Therefore, the requested office visit x 3 IS NOT medically necessary.