

Case Number:	CM15-0169611		
Date Assigned:	09/10/2015	Date of Injury:	05/01/2006
Decision Date:	10/08/2015	UR Denial Date:	08/01/2015
Priority:	Standard	Application Received:	08/28/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 60 year old male, who sustained an industrial injury on May 1, 2006, incurring injuries to his upper and lower back. He was diagnosed with cervical spondylosis with radicular pain to the left upper extremity, and lumbar degenerative disc disease. Treatment included pain medications, proton pump inhibitor, exercises, neuropathic medications, topical analgesic patches, muscle relaxants and activity restrictions. It was noted he had failed back surgery syndrome. He underwent two shoulder surgeries and eventually was diagnosed with chronic pain syndrome, and opioid dependence. Currently, the injured worker complained of chronic back pain, gastroenteritis and opioid induced constipation. He was encouraged to start a home exercise program and maintain a pain diary. During an office visit on April 7, 2015, a urine drug screen was performed. The treatment plan that was requested for authorization included three monthly office visits. On August 1, 2015, a request for three office visits was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three office visits (monthly visits): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th Edition (web) 2015, Pain (chronic), Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Office visits. <http://www.odg-twc.com/index.htm>.

Decision rationale: According to ODG guidelines, office visits 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. The determination is also based on what medications the patient is taking. In this case, the patient is taking opioid medications and is still reporting pain. Follow-up visit is indicated to assess the patient's progress; however, the need for each visit is based on the outcome of the visit prior. Therefore, the request for 3 office visits is not medically necessary.