

Case Number:	CM15-0180961		
Date Assigned:	09/22/2015	Date of Injury:	09/07/1998
Decision Date:	11/30/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/14/2015

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, New York, 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 applicant is a represented 64-year-old who has filed a claim for chronic low back, hip, and shoulder pain reportedly associated with an industrial injury of September 7, 1998. In a Utilization Review report dated August 20, 2015, the claims administrator partially approved a request for a number of followup visits as one followup visit, failed to approve a request for "one pharmacological management," and denied reporting fees. A July 29, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On January 26, 2015, the applicant reported multifocal complaints of back, shoulder, elbow, hip, thigh, knee, and leg pain. The note comprised, in large part, of pre-printed checkboxes, without much supporting rationale or commentary. Permanent work restrictions and 12 sessions of aquatic therapy were endorsed. On July 25, 2015, the applicant reported ongoing issues with neck pain, back pain, and hip pain. The applicant was on Zestril, Neurontin, Flexeril, and tramadol, it was reported, several of which were refilled. Physical therapy and acupuncture were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Follow up visit/re-evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Office visits.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: No, the request for an unknown number of followup visits was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 5, page 79 does acknowledge that frequent followup visits are "often warranted" in order to provide structure and reassurance even in those applicants whose conditions are not expected to change appreciably from week to week or visit to visit. Here, however, the request, as written, was ambiguous and seemingly open to a variety of different interpretations. It was not clearly stated how many office visits were sought and/or over what duration. Therefore, the request is not medically necessary.

Pharmacological management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Similarly, the request for a "pharmacological management," was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 5, page 79 does acknowledge that frequent followup visits are "often warranted" in order to provide structure and reassurance even in those applicants whose conditions are not expected to change appreciably from week-to-week or visit-to-visit, here, as with the preceding request, the request was ambiguous, open to a variety of different interpretations and did not clearly state precisely how many pharmacological management office visits were being sought and/or over what duration. Therefore, the request is not medically necessary.