MAXIMUS Federal Services

Case Number:	CM15-0208554		
Date Assigned:	10/27/2015	Date of Injury:	05/26/2006
Decision Date:	12/10/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/23/2015

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 62 year old male who sustained an industrial injury on 05/26/2006. Medical records indicated the worker was treated for a sprain of the knee, ankle and back. In the provider notes of 08-26-2015, the injured worker complains of ongoing pain in his low back, right knee, left posterior thigh, bilateral feet, ankles, and left wrist on a constant basis. His pain on a scale of 0-10 is rated an 8-9 prior to medication, and as a 6 after use of Norco for several hours. He had an epidural steroid injection 06-20-2014 with greater than 60% improvement in leg pain and to a lesser degree, his back pain for about a year. On exam, he uses a cane for ambulation. His lumbar range of motion is restricted with flexion limited to 20 degrees and extension limited to 25 degrees. On palpation there is spinous process tenderness noted on L4 and L5. A MRI of the lumbar spine was done 09-27-2015 due to increased low back and lower extremity pain. According to provider notes, he is using medications appropriately, his functionality is stable and no aberrant drug-related behaviors are found. His medications include Flexeril, Tramadol, Acetadryl, Ibuprofen, Effexor, Omeprazole, Norco, Lidocaine 5% ointment, Docusate sodium, and Voltaren. His past medical history include right knee arthroscopy x2, left forearm surgery x2, and a right knee arthroscopy. Diagnoses include Lumbago, chronic pain syndrome, facet syndrome, other pain disorder related to Psychological factors, drug dependence not otherwise specified, and encounter for long -term use of other medications. The treatment plan includes request for a spinal cord stimulator trial (SCS), and a psych evaluation for a SCS, continuation of medications, and follow up with a pain therapy physician for epidural. He is permanent and stable. A request for authorization was submitted for three monthly follow-up

visits with Pain Management Specialist. A utilization review decision 10/14/2015 modified the request to certify one monthly follow up visit with Pain Management Specialists and non-certify the remaining 2 monthly follow-up visits with a Pain Management Specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three monthly follow-up visits with Pain management specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM (American College of Occupations and Environmental Medicine) Practice Guidelines, 2nd Edition (2004) Chapter 7 on Independent Medical Examinations and Consultations page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: The patient was injured on 05/26/06 and presents with pain in his lower back and bilateral lower extremity. The request is for three monthly follow-up visits with pain management specialist. The utilization review letter did not provide a rationale. There is no RFA provided and the patient's current work status is not provided either. Regarding follow-up visits, MTUS guidelines page 8 under Pain Outcomes and Endpoints has the following: "The physician treating in the workers' compensation system must be aware that just because an injured worker has reached a permanent and stationary status or maximal medical improvement does not mean that they are no longer entitled to future medical care. The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities." The patient is diagnosed with lumbago, chronic pain syndrome, facet syndrome, other pain disorder related to psychological factors, drug dependence not otherwise specified, and encounter for long-term use of other medications. It appears that the treating physician is requesting a follow- up visit to monitor this patient's lower back and bilateral lower extremity pain. The reason for the request is not provided and there is no discussion provided regarding why the patient needs 3 monthly follow-up visits. However, given the patient's chronic pain, MTUS supports regular visitations to report on the patient's progress. The request IS medically necessary.