

Case Number:	CM15-0029040		
Date Assigned:	02/23/2015	Date of Injury:	12/08/2009
Decision Date:	04/03/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/17/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 59 year old male who sustained an industrial injury on 12/08/2009. Current diagnoses include spondylosis, lumbar without myelopathy, chronic pain due to trauma, and radiculopathy thoracic or lumbosacral. Previous treatments included medication management, lumbar fusion. Report dated 01/26/2015 noted that the injured worker presented with complaints that included back pain with radiation to the left and right ankle, left calf, left foot, left thigh, and right thigh. Pain level was rated as 3 out of 10 on the visual analog scale (VAS) with medications. Medication regimen included hydrochlorothiazide, atenolol, aspirin, Norco, nortriptyline, and trazadone. Physical examination was positive for abnormal findings. Utilization review performed on 02/04/2015 non-certified a prescription for 6 visits with a pain management specialist, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Office Visits with a Pain Management Specialist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -Pain chapter and office visits.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case, the claimant's pain was controlled with medication (3/10 pain scale). There was mention of a spinal cord stimulator discussion in the future. However, there was no mention of psychological evaluation prior to a spinal cord stimulator implant. There was no indication for the finite number of 6 visits or the frequency and particular intervention needed at those times. The request for 6 pain management visits is not justified and therefore not medically necessary.