

Case Number:	CM15-0029574		
Date Assigned:	02/23/2015	Date of Injury:	02/27/2013
Decision Date:	04/07/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/18/2015

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 36-year-old male who sustained an industrial injury on 2/27/13. He currently complains of low back and bilateral lower extremity pain. His pain intensity is 6/10. Medications include nortriptyline HCL, omeprazole, Topamax, Voltaren, Norco, baclofen, ibuprofen, Abilify and Fetzima ER. Diagnoses include lumbago; sciatica; status post- surgery L5-S1 microdiscectomy; bilateral shoulder sprain; left lower extremity radiculopathy and weakness. Treatments to date include physical therapy, medications, right shoulder cortisone injection, transcutaneous electrical nerve stimulator unit. On 1/27/15 Utilization Review non-certified the request for monthly follow-up visits X6, one per month citing ODG: Pain Chapter: Office Visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly follow up visits times six (x6) in office once a month: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter-Office visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain outcome and endpoints Page(s): 8-9.

Decision rationale: According to the 01/21/2015 report, this patient presents with low back and bilateral lower extremity pain. The current request is for monthly follow up visits times six (x6) in office once a month. The request for authorization is not included in the file for review. The patients work status is differed to the PTP.Regarding follow-up visits, MTUS guidelines page 8 states that the treater must monitor the patient and provide appropriate treatment recommendations. In this case, the patient is s/p surgery L5-S1 microdiscectomy and opiate is being prescribed to the patient for chronic pain. The treater should be allowed to have monthly follow up visits to monitor the patient and provide appropriate treatment recommendations. The request IS medically necessary.