

Case Number:	CM15-0222511		
Date Assigned:	11/18/2015	Date of Injury:	06/01/2012
Decision Date:	12/30/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/12/2015

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
 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 38-year-old male, who sustained an industrial injury on June 01, 2012. The injured worker was diagnosed as having pain to the joint in the lower leg, unspecified arthropathy with site unspecified, lumbago, thoracic or lumbosacral neuritis or radiculitis unspecified, sprain of unspecified site of the knee and leg, spinal stenosis of the lumbar region without neurogenic claudication, long term use of opiate analgesic, and chronic pain due to trauma. Treatment and diagnostic studies to date has included use of a transcutaneous electrical nerve stimulation unit, medication regimen, use of a cane, magnetic resonance imaging of the lumbar spine in April of 2013 and March of 2010, status post left knee surgery in 2013, and status post left knee surgery in 2012. In a progress note dated September 22, 2015 the treating physician reports complaints of "severe", shooting, stabbing, sharp, piercing pain to the low back that radiates to the left foot along with symptoms of numbness. Examination performed on September 22, 2015 was revealing for an antalgic gait, tenderness to the lumbar spinous processes, the lumbar paraspinal muscles, the gluteal muscles, piriformis muscles, the quadratus muscles, the posterior superior iliac spine, and the sciatic notch, "mild" spasm to the lumbar region, pain to the left greater trochanter, pain to the back that radiates to the left with straight leg raises, and decreased range of motion to the lumbar spine with pain. The injured worker's medication regimen on September 22, 2015 included Ibuprofen, Methocarbamol, and Methadone. The injured worker's pain level on September 22, 2015 was rated an 8 on scale of 0 to 10 without the use of his medication regimen and noted that he was able to get out of bed without the use of his medication regimen, but doesn't get dressed and stays home. On

September 22, 2015 the treating physician requested 6 follow up office visits noting that the injured worker was to be seen by specialist to assess for if he is a candidate for back surgery and also noted that the injured worker was advised to be under the care of pain doctor. On October 22, 2015 the Utilization Review determined the request for 6 follow up office visits to be modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) follow-up office visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back section, Office visits.

Decision rationale: The MTUS Guidelines are silent on office visits with a physician. The ODG, however, states that they are recommended as determined to be medically necessary, and clearly 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. A set number of visits cannot be reasonable established, however, the clinician should be mindful of the fact 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 the case of this worker the pain management provider recommended six follow-up office visits for treatment and management of pain medications. Although a follow-up is medically necessary based on the provided information from the last office visit, requests for multiple office visits cannot be justified as there is no way of knowing what will be needed in the future. Therefore, this request for six follow-up office visits will be considered medically unnecessary as written.