

Case Number:	CM15-0032925		
Date Assigned:	02/26/2015	Date of Injury:	05/17/2000
Decision Date:	04/13/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/23/2015

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: 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 53-year-old [REDACTED] who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 17, 2000. In a Utilization Review Report dated February 9, 2015, the claims administrator failed to approve a request for an office visit for the cervical spine, thoracic spine, and lumbar spine. The claims administrator referenced a January 20, 2015 progress note in which the applicant was described as having ongoing complaints of low back pain. The applicant was using methadone for pain relief. The claims administrator referenced non-MTUS Chapter 7 ACOEM Guidelines and, furthermore, mislabeled/misrepresented the same as originating from the MTUS. The applicant's attorney subsequently appealed. On January 20, 2015, the attending provider sought authorization for a monthly office visit. On December 23, 2014, the applicant was given refills of methadone, Flexeril, and Colace for ongoing complaints of low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Office Visit for management related to Cervical Thoracic, and Lumbar Spine:
 Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: Yes, the request for one office visit for the cervical spine, thoracic spine, and lumbar spine was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are "often warranted" to provide structure and reassurance, even in those applicants whose conditions are not expected to change appreciably from visit to visit. Here, the applicant does have ongoing pain complaints. The applicant is using methadone for pain relief. A follow-up visit was, thus, indicated for medication management purposes. Therefore, the request was medically necessary.