

<b>Case Number:</b>	CM15-0033056		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	06/05/2003
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54 year old male sustained an industrial injury on 8/5/03, with subsequent ongoing low back pain. Magnetic resonance imaging lumbar spine (2012) showed degenerative disc disease with foraminal narrowing and slight subluxation. In a progress noted dated 12/19/14, the injured worker appeared to be less anxious and was complaining of more pain and discomfort. The physician noted that the pain levels were not yet well-controlled. Current diagnoses included chronic pain syndrome, morbid obesity, lumbosacral spondylosis without myelopathy, lumbosacral neuritis and opioid induced hyperaglesia. The treatment plan included laparoscopic sleeve gastrectomy. On 1/27/15 Utilization Review noncertified a request for Quantitative Management monthly noting the need for clarification and citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Quantitative Management monthly:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Effective July 19, 2009.

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

**Decision rationale:** Regarding the request for quantitative management monthly, while not completely clear, it appears that the request is for monthly medication management visits. California MTUS does not specifically address the issue. ODG cites that "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. 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. 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." Within the documentation available for review, it is noted that the patient is currently taking multiple medications that warrant routine reevaluation for efficacy and continued need. While a few office visits may be appropriate, as with any form of medical treatment, there is a need for routine reevaluation and the need for monthly office visits for an unspecified amount of time cannot be predicted with a high degree of certainty. Unfortunately, there is no provision for modification of the request to allow for an appropriate amount of office visits at this time. In light of the above issues, the currently requested quantitative management monthly is not medically necessary.