

Case Number:	CM15-0039900		
Date Assigned:	03/10/2015	Date of Injury:	03/07/2004
Decision Date:	04/17/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/03/2015

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:

The injured worker is a 47-year-old female, who sustained an industrial injury on 03/07/2004. She has reported low back pain. The diagnoses have included lumbago; lumbar arthrodesis, L2 through the sacrum; post-laminectomy syndrome lumbar spine; lumbar spine degenerative disc disease; and bilateral sacroiliac joint dysfunction. Treatments and diagnostics have included medications, right sacroiliac and right hip injections, MRI and x-rays of the lumbar spine, physical therapy, and surgical intervention. Medications have included Norco, Lyrica, and Fentanyl patches. A progress note from the treating physician, dated 11/25/2014, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain bilaterally; right buttock pain running down the right leg; back pain is constant and rated at 5/10 on the visual analog scale; leg pain is constant and rated 3/10 on the visual analog scale. Objective findings included tenderness in the upper end of her L3 through S1 fusion; continues to exhibit sacroiliac joint dysfunction on the right; positive FABER test, lateral leg lift, and shear test; and painful flexion range of motion. The treatment plan has included transforaminal epidural injection at L2-3 bilaterally with follow-up on the same day to assess the diagnostic result. Request is being made for Retrospective: Outpatient Follow-Up Visit (DOS: 12/23/2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Outpatient Follow-Up Visit (DOS: 12/23/2014): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines and Official Disability Guidelines.

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 a follow-up visit, 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 including narcotics and continues with significant pain that warrant routine reevaluation for efficacy and continued need. The request is medically necessary.