

Case Number:	CM15-0040455		
Date Assigned:	03/10/2015	Date of Injury:	07/01/2005
Decision Date:	04/17/2015	UR Denial Date:	01/26/2015
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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 man sustained an industrial injury on 7/1/2005. The mechanism of injury is not detailed. Current diagnoses include low back pain, severe multilevel lumbar spondylosis, and old L3 fracture. Treatment has included oral medications, bed-rest, epidural injections, exercise, chiropractic therapy, acupuncture, acupressure, ice, and heat. Physician notes on a PR-2 dated 1/13/2015 show complaints of cervical and lumbar spine pain with radiation of symptoms to left upper extremity and hand and anterior thigh, headache and dizziness status post traumatic brain injury. Recommendations include neurology consultation to rule out dementia, and pain management consultation. The UR round the request to be non-certify due to lack of indication or documentation to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation second opinion: 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 office visits.

MAXIMUS guideline: Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office visits.

Decision rationale: ODG states concerning office visits "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they 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. 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. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. 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."ACOEM states regarding assessments, the content of focused examinations is determined by the presenting complaint and the area(s) and organ system(s) affected. And further writes that covered areas should include "Focused regional examination" and "Neurologic, ophthalmologic, or other specific screening."The medical records fail to document a condition requiring close monitoring. There is no documentation of severe uncontrollable pain to support a second opinion. As such, the request for Pain management consultation second opinion is not medically necessary at this time.