

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0048146 | | |
| Date Assigned: | 03/20/2015 | Date of Injury: | 08/01/2011 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/12/2015 |
| Priority: | Standard | Application Received: | 03/13/2015 |

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: District of Columbia, Virginia
Certification(s)/Specialty: Internal 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:

This 58-year-old female sustained an industrial injury to the neck and back on 4/20/12. Previous treatment included magnetic resonance imaging, medications, physical therapy, psychology consultation, acupuncture and shock wave therapy. In a PR-2 dated 2/5/15, the injured worker complained of pain to the cervical spine, thoracic spine, lumbar spine and bilateral hands 4-5/10. Physical exam was remarkable for blood pressure 123/64, pulse 72. The injured worker was awake and oriented times three. The remaining documentation of the physical exam was illegible. Current diagnoses included disc protrusion of the cervical spine, thoracic spine and lumbar spine, cervical spine sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/strain and anxiety. The treatment plan included electromyography/nerve conduction velocity test, internal medicine consultation, referral to general orthopedics and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medicine follow-up: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Office Visit.

Decision rationale: Recommended as determined to be medically necessary. Evaluation and management (E & M) outpatient visits to the offices of medical doctors 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 medications such as opiates or medications such as 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. The ODG codes for automated approval(CAA), designed to automate claims management decision-making, indicates the number of E & M office visits (codes 99201-992285) reflecting the typical encounters that are medically necessary for a particular patient. Office visits that exceed the number of office visits listed in the CAA may serve as a, "flag" to payers for possible evaluation, however, payers should not automatically deny payment if preauthorization has not been obtained. Note: the high quality medical studies required for treatment guidelines such as ODG provides guidance about specific treatments and diagnostic procedures but not about the recommended number of E &M office visits. Studies have and are being conducted as to the value of the, "virtual visits" compared with inpatient visits, however the value of patient/doctor interventions has not been questions (Dixon 2008) (Wallace 2004). Further ODG does provide guidance for therapeutic office visits not included among the E & M codes for example chiropractic manipulation and Physical/Occupational therapy (Low Back Chapter). Per review of the medical documentation provided, a follow up visit is medically necessary and appropriate.