

<b>Case Number:</b>	CM15-0051686		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	02/27/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 injured worker is a 54-year-old male, with a reported date of injury of 02/27/2011. The diagnoses include lumbar spondylosis, left below the knee amputation due to trauma, left leg phantom limb pain, chronic pain syndrome, and opioid dependence. Treatments to date have included oral medications, topical pain medication, urine drug screenings, physical therapy, and left below the knee amputation. The medical report dated 01/26/2015 indicates that the injured worker complained of low back pain and left lower extremity pain. He described having numbness and tingling in the left lower extremity. The injured worker denied having weakness. He rated the pain 2-3 out of 10. The physical examination showed decreased lumbar range of motion, an antalgic gait, normal coordination in the lower extremities, normal light touch sensation throughout the lower extremities, negative bilateral straight leg raise test, tenderness to palpation over the lower lumbar facet joints, full joint range of motion, and no radiating pain with lumbar extension. The plan included refilling the medications, to continue home exercise program, to follow-up in four weeks, to consider trial spinal cord stimulation for phantom limb pain, and a random drug screen. The treating physician requested monthly follow-up office visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Monthly follow-up office visits:** 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), Office Visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Office Visits.

**Decision rationale:** Office visits are 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. Office visits that exceed the number of office visits listed in the CAA may serve as a flag to payors for possible evaluation. The number of office visits automatically covered for an established patient is six. In this case the patient is 4 years post injury and is stable. The patient's medical care is now in the maintenance phase. Monthly follow up visits are not medically necessary. The request is not medically necessary.

**Every other month follow-up office visits #6:** 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); Office Visits, 2014, Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Office visits.

**Decision rationale:** Office visits are 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. Office visits that exceed the number of office visits listed in the CAA may serve as a flag to payors for possible evaluation. The number of office visits automatically covered for an established patient is six. In this case the patient is 4 years post injury and is stable. The patient's medical care is now in the maintenance phase. Bi-monthly follow up visits are not medically necessary. The request is not medically necessary.