

Case Number:	CM15-0051787		
Date Assigned:	03/25/2015	Date of Injury:	01/14/2011
Decision Date:	05/11/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/19/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old female, who sustained an industrial injury on January 14, 2011. The injured worker reported an injury to the head and back related to a fall. The diagnoses have included post-concussion syndrome, chronic pain, degenerative disc disease of the lumbar spine, lumbar radiculopathy and status post lumbar laminectomy in 2001. Treatment to date has included medications, radiological studies, electrodiagnostic studies, facet joint injections and a psychiatric evaluation. Current documentation dated January 26, 2015 notes that the injured worker reported worsening moderate to severe back pain. The pain was located in the upper back, middle back, low back, neck and head. The pain was noted to radiate to the right thigh and left ankle, calf, thigh and foot. The pain was rated a seven out of ten on the visual analogue scale with medications. The current medication regime allows the injured worker to get dressed and perform minimal activities at home. The treating physician's plan of care included a request for six monthly office visits for medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Monthly Office Visits for Medication Management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: Regarding office visits, the MTUS is silent. The ODG notes that 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. In this case, it is not clear what functional objective improvements are being achieved, and what would be added by a repeat office visit. Periodic visits may be appropriately, but with an injury now more than 4 years ago, it is not reasonable to say the patient must have monthly visits, forecasting out to six months. Per ACOEM Chapter 5, the goal is instead to get the patient autonomy from the health care system, and independence. The request is appropriately not medically necessary.