

Case Number:	CM15-0052460		
Date Assigned:	03/25/2015	Date of Injury:	02/16/1996
Decision Date:	05/11/2015	UR Denial Date:	03/10/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 61-year-old female who sustained an industrial injury on 02/16/1996. She reported pain in both knees and lower back pain. The injured worker was diagnosed as having bilateral knee pain, lumbar facet arthropathy and lumbar radiculopathy. Treatment to date has included narcotic pain medications and wraps to both knees with ice packs. She has treatment with a pain clinic. Currently, the injured worker complains of worsening back pain, buttock pain and back stiffness with severe pain in both knees. Treatment plan includes continuation of medications including antidepressants and narcotic pain medications, therapeutic drug monitoring, and a request for authorization for continued 4-week follow-up visits with Neurology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued 4-week follow-up visits with Neurology: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain outcomes and endpoints Page(s): 8-9.

Decision rationale: The 61-year-old patient complains of pain and stiffness in the lower back, pain in the buttocks, numbness, tingling, pin-sticking sole of her feet, and moderate to severe pain in bilateral knees, as per progress report dated 12/15/14. The request is for continued 4-week follow up visits with neurology. There is no RFA for this case, and the patient's date of injury is 02/16/96. The patient is status post lower back surgery in 2000. Diagnoses, as per progress report dated 12/15/14, included bilateral knee pain, lumbar facet arthropathy, and lumbar radiculopathy. Medications included Oxycodone, Gabapentin, Ambien, Percocet and Cyclobenzaprine. The progress reports do not document the patient's work status. Regarding follow-up visits, MTUS guidelines page 8 states that the treater must monitor the patient and provide appropriate treatment recommendations. In this case, the treating physician is requesting for a "follow up in one month or as needed," as per progress report dated 12/15/14. Given the patient's worsening lower back pain and neuropathic pain in bilateral lower extremities, a follow-up visit with a neurologist is reasonable. Subsequent follow-ups should, however; depend on the patient's evaluation at this visit. The request for continued 4-week follows up visits without a specific time frame is excessive and is not medically necessary.