MAXIMUS Federal Services

Case Number:	CM15-0056177		
Date Assigned:	04/01/2015	Date of Injury:	01/27/2014
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/24/2015

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, Pain Management

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 44-year-old male who sustained an industrial injury on 01/27/2014 from a fall. There were no records from the requesting provider to review. Diagnoses include quadriplegia, C5-7, incomplete, abscess in epidural space of cervical spine and wound infection complicating hardware. The IW suffered a hardware infection after cervical fusion followed by a skin infection that manifested as acne on the chest, back and arms. Treatment to date has included antibiotics. Diagnostics performed to date included labs. According to the progress notes dated 2/6/15, the IW's skin was clear. A request was made for 3 follow up visits with a dermatologist. During the utilization review teleconference, the requesting physician stated that "no follow-up visits with dermatology are needed as long as the injured worker's symptoms do not worsen."

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up visits with dermatologist x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations.

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

Decision rationale: Regarding the request for 3 dermatology follow-up visits, California MTUS does not specifically address the issue. ODG cites that 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. 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. Within the documentation available for review, it appears the patient had a skin infection, which has since cleared. The most recent progress reports indicate that the patient's skin is clear. Therefore, it is unclear why 3 follow-up visits would be required with a dermatologist. In the absence of clarity regarding that issue, the currently requested follow-up visits are not medically necessary.