

<b>Case Number:</b>	CM15-0058295		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	12/05/1996
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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 is a 61-year-old male with an industrial injury dated 12/05/1996. His diagnoses included lumbago with bilateral radiculopathy, failed back surgery syndrome, status post spinal cord stimulator implant, cervicgia with radiculopathy (currently non-industrial), right foot fracture, chronic dental problems, reactive depression and anxiety and revision of pulse generator. Prior treatment included lumbar epidural injections (significant resolution of his radicular pain) and medications. He presents on 03/02/2015 with complaints of increased pain down left leg. He rates his pain as 5-7/10 on the pain scale. Physical exam revealed elevated blood pressure at 184/97. There was sciatic notch tenderness bilaterally, worse on the left side. He had focal tenderness over the facets with a positive facet provocation and tenderness over the sacroiliac joints. Lumbar spine range of motion was decreased. He used a cane to help him ambulate. The provider documented the injured worker's functional status had been somewhat diminished over the past month due to the increased radicular pain. The provider documents the injured worker's medications allow him to perform necessary activities of daily living. His medications include MS Contin, Oxycodone, Norco, Soma, Ambien, Omeprazole and Terocin patches. This is a request for office visit consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Office visit consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-  
[https://www.acoempracguides.org/low back](https://www.acoempracguides.org/low%20back); Table 2, Summary of Recommendations, Low back disorders.

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

**Decision rationale:** Regarding the request for an office visit consultation, 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 that the request is for a follow-up visit with the requesting provider rather than a consultation with another provider. It is noted that the patient is currently taking multiple medications that warrant routine reevaluation for efficacy and continued need. In light of the above, the currently requested office visit consultation is medically necessary.