

Case Number:	CM15-0060865		
Date Assigned:	04/07/2015	Date of Injury:	02/08/1998
Decision Date:	05/06/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/31/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 65 year old female who sustained an industrial injury on 02/08/1998. She reported an injury at work 17 years ago for which she has had a lumbar fusion, numerous bilateral radiofrequency procedures, epidural steroid injections, right knee replacement x2 (2003), total knee replacement (2005), right knee surgery (2007), physical therapy and medications including narcotics and therapeutic pain managements. The pain management practitioner noted the IW is having foot drop on the right now progressing to the left foot. The injured worker was diagnosed as having cervical signs and symptoms; thoracic signs and symptoms; lumbar signs and symptoms; and right ankle signs and symptoms. Treatment to date has included treatment for chronic pain syndrome. Currently, the injured worker complains of chronic multifactorial pain from various reasons including lumbar post laminectomy syndrome. The treatment plan is for six additional sessions of acupuncture for the lumbar spine. A request was submitted for office visits 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office visits - 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OMPG, Second Edition, (2004),

Chapter 7, page 127, Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC) 2015 - Office visits.

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

Decision rationale: The ACOEM and California MTUS do not specifically address the requested service. The Official Disability Guidelines states the need for clinical office visit is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability and reasonable physician judgment. While the need for follow up visit may be established, there is no way to know exactly how many follow up visits will be needed as the conditions as outlined above will change over time. Therefore, this request for 6 follow up visits cannot be considered medically necessary in advance of knowing the patient's response and condition.