

Case Number:	CM15-0081614		
Date Assigned:	05/04/2015	Date of Injury:	07/20/2001
Decision Date:	06/02/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/28/2015

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 was a 55 year old male, who sustained an industrial injury, July 20, 2001. The injured worker previously received the following treatments Percocet, Pristiq, Ativan, pain management specialist, home exercise program, random toxicology laboratory studies, Nucynta, Flector Patches, Terazosin, Tylenol, Naproxen and Gabapentin. The injured worker was diagnosed with back pain with failed back surgery, facet arthropathy, lumbar spine degenerative disc disease thoracic, major depression, single episode, moderate; pain disorder associated with both psychological factors and a general medical condition and rule out narcolepsy. According to progress note of April 9, 2015, the injured workers chief complaint was chronic back pain. The injured worker reported 50% of time the injured worker remained in bed, because of pain and depression. The treating physician suggested adding another medication for depression the injured worker declined. The injured worker was using Ativan for sleep and anxiety. According to the progress note of March 31, 2015, the injured worker was not taking medications due not authorized by DWC. There were no psychiatric notes provided for review. The treatment plan included follow-up visits with [REDACTED] for depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit x6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, medical re-evaluation.

Decision rationale: The ACOEM and California MTUS do not specifically address the requested service. The ODG states that follow up evaluation is based on medical necessity as deemed by the patient's response to therapy and ongoing complaints/symptoms. In this case the request is for 6 follow up visits. This cannot be certified, as the ongoing medical necessity for 6 visits cannot be determined. The request is not medically necessary.