MAXIMUS Federal Services

Case Number:	CM14-0116240		
Date Assigned:	09/23/2014	Date of Injury:	01/18/2001
Decision Date:	10/22/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 42-year-old female with a 1/18/01 date of injury. The mechanism of injury occurred while lifting. According to a 9/9/14 progress report, the patient reported her symptoms as being moderate but occur constantly. She reported worsening back pain rated as a 9. She stated that MS Contin, Norco, and Ativan were helping manage her pain problem as expected. Objective findings: muscle spasms in thoracic spine and lumbar spine, multiple tender point and trigger points on palpation of paraspinal muscles on the cervico thoracic and thoracolumbar levels. Diagnostic impression: bulging lumbar intervertebral disk, lumbar post-laminectomy syndrome, muscle spasms. Treatment to date: medication management, activity modification, home exercise programA UR decision dated 7/2/14 modified the request for 4 follow-up visits with a pain management specialist to 3 visits and denied the request for 4 drug tests. Based on the currently available information and the patient's persistent complaints, the medical necessity for pain management visits has been established, and therefore, the request is modified for 3 visits to continue to monitor treatment efficacy. Regarding drug tests, there is no documentation of provider concerns over patient use of illicit drugs or non-compliance with prescription medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visits with pain management specialist Qty 4.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter - Office Visits

Decision rationale: CA MTUS does not address this issue. ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. 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. According to the reports provided for review, the patient is being seen monthly by a pain management specialist. The previous UR decision dated 7/2/14 modified this request to certify 3 visits. A specific rationale as to why the patient requires an authorization for 4-months of follow up visits was not provided. Therefore, the request for Follow up visits with pain management specialist qty 4.00 was not medically necessary.

Drug test (unspecified type) Qty 4.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238,Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 43, 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. According to the reports provided for review, there is no documentation of any urine drug screens having been performed for this patient. The patient is taking MS Contin and Norco, and guidelines support regular urine drug screen monitoring in patients on chronic opioid therapy. However, this is a request for 4 urine drug screens. Guidelines support up to 4 urine drug screens a year. A specific rationale as to why this patient requires a year's supply of urine drug screens at this time was not provided. Therefore, the request for Drug test (unspecified type) qty 4.00 was not medically necessary.