

Case Number:	CM14-0120893		
Date Assigned:	08/06/2014	Date of Injury:	07/08/2009
Decision Date:	10/21/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/31/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Nevada. 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:

The records, presented for review, indicate that this 58-year-old individual was reportedly injured on July 8, 2009. The mechanism of injury was noted as a pop felt in the low back when the employee was attempting to push an item off of an uneven elevator floor. The most recent progress note, dated June 25, 2014, indicated that there were ongoing complaints of leg paresthesias, and symptoms related to his low back diagnoses. The physical examination demonstrated a positive straight leg raise on the right with decreased sensation in the right foot, with normal strength and reflexes. Spasm and trigger points were noted. Diagnostic imaging studies were not referenced. Previous treatment included pharmacotherapy, activity modification, and psychiatric evaluation and treatment. A request had been made for 12 units of medication management and was denied in the pre-authorization process on July 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Management x12 units: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Treatment: Integrated Treatment/Disability Duration Guidelines Pain (Chronic) (updated 09/30/14)

Decision rationale: California MTUS does not address office visits specifically; therefore, ODG guidelines are used. Guidelines support routine follow-up and encourage appropriate follow-up provided that it is individualized based upon patient concerns, signs and symptoms, clinical stability, medications, and reasonable physician judgment. This request is for "medication management time's 12 units". Presumably, it is for 12 office visits for chronic pain management, though this cannot be verified because the medical record provided in support of this request does not comment on any clinical issues to substantiate the medical necessity of 12 office visits. In the medical record provided the provider documents that the claimant was seen every 3 months. It is unclear if the intent is to see the injured employee, and follow-up weekly for 3 months, or if this is for 3 years' worth of referrals. In the absence of the appropriate clinical documentation to clarify the need for, and frequency of such follow-up visits, it cannot be determined whether or not this request would fall within the parameter of the guideline recommendations. As such, this request is not medically necessary due to the lack of clinical documentation supporting the request.