

<b>Case Number:</b>	CM14-0162336		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	10/09/1999
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Occupational Medicine and is licensed to practice in California. 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:

According to the provided documents, this is a 61-year-old man injured on 10/9/1999. The mechanism of injury is not stated in the provided documents. The patient sees a physician for medication management and the medications being provided are psychotropic medications. The reports only assess the patient's mental status examination; diagnoses are depressive disorder and psychotic disorder. The provider sees him about every month. The reports indicate that he is permanent and stationary from a psychiatric point of view. The disputed treatment is a prospective request for 3 follow up visits with the pain management doctor. The most recent report from the provider was on 6/16/14, which discusses continuing his psychotropic medication; it mentions the patient was recently diagnosed with diabetes and that he has lost weight. He is said to be in a good mood. Examination is limited to the mental status. The utilization review determination letter addressed to the provider references a 9/10/14 evaluation, which was not included with the documents for review. According to the utilization review, determination letter the patient's subjective complaints included a report of neck pain 6/10 and back pain 8/10. He had not been using his psychotropic for about 2 months at the time. It appears that the request was for one consult with pain management and 3 follow up visits with a pain medicine doctor. Utilization review determination approved the consult with pain management and not the follow-up visits. There is no indication in the documents of what the patient's current objective musculoskeletal examination is or what his history is in terms of neck or back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **3 Follow up Visits with Pain Management Doctor: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 15 Stress Related Conditions Page(s): 306; 405.

**Decision rationale:** The requesting physician is apparently a mental health practitioner and the patient has developed neck and back pain. Treatment of such is thus outside the scope of practice of that practitioner and guidelines would support consultation as this will aid in the diagnosis, prognosis and therapeutic management of the back pain. Therefore, the initial consultation with a pain management physician appears to be appropriate. With regard to 3 follow-ups however, the medical necessity for follow-ups will be dependent upon what the recommendations of the pain management physician are at the initial consultation. MTUS/ACOEM guidelines only address follow-up sessions in the chapter on stress but the same philosophy expressed their regarding follow-ups would be applicable to any type of follow-up. That states that frequency of follow up visits may be determined by the severity of symptoms. The follow-ups would also logically be determined by what types of diagnostic testing and/or treatment is recommended. Since that is not known at this time, it is not possible to predict how many follow-up sessions the pain management specialist will require addressing the patient's subjective complaints. Therefore, it is not possible to pre-authorize 3 sessions, as the medical necessity cannot be determined yet. Therefore, based upon the evidence and the guidelines this is not considered medically necessary.