MAXIMUS Federal Services

Case Number:	CM14-0213405		
Date Assigned:	04/03/2015	Date of Injury:	01/20/2012
Decision Date:	05/18/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 55-year-old male who reported an injury on 01/20/2012. The mechanism of injury was the injured worker has unloading a pallet on cement dock with a power jack and he lost traction as he was exiting the trailer and he fell. The surgical history included a bilateral L4-5 laminectomy, lateral recess decompression, without discectomy, and bilateral nerve root dissection, and the injured worker underwent epidural steroid injections. The telephone conference log of 10/10/2014 indicated the phone conversation was for coordination of medication management prior to the office visit. The documentation of 10/14/2014 revealed a telephone call involving preventative medicine counseling and/or risk factor reduction intervention and telephone evaluation and management services by the physician or other qualified healthcare professionals not originating from an E and M service provided within the prior 7 days not leading to an E and M service or procedure within the next 24 hours regarding the injured worker and the pharmacy. The documentation of 10/13/2014 indicated the injured worker had low back pain that was worse in the night and better in the morning. The injured worker was noted to have a jolt on low back. The injured worker had achy legs and was working full time as a delivery driver. The injured worker had limited range of motion and muscle strength was grossly intact. The treatment plan included a lumbar MRI, Norco, anti-inflammatories, and Flexeril. The documentation indicated the injured worker had been prescribed counseling for a possibility of abuse, prescription called to pharmacy, drug therapy requiring intensive monitoring, no evidence of side effects, and the injured worker was noted to be compliant with dosage and frequency. The counseling was noted to include preventative

medicine counseling or risk factor reduction and alcohol or substance abuse counseling. It was noted that substance abuse counseling was provided. The physician documented that the medications were still needed and there was a prolonged evaluation of jobs related to narcotics. The documentation of 10/20/2014 revealed the injured worker was evaluated and was found to have severe lumbar and left leg lower extremity pain that was shooting, burning, and aching. The injured worker's medications included anti-inflammatories, Norco, and Flexeril. The pain was noted to be the same. The physical examination revealed the injured worker was not sedated. The diagnoses included lumbar herniation, degeneration, stenosis, and radiculopathy. The documentation indicated the injured worker had been evaluated for medication management, medical history, had alcohol and substance abuse, and preventative medicine counseling, and/or risk factor reduction intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Telephone evaluation and management service (DOS 10/10/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: Per Carrasqueiro, S., Oliveira, M., & Encarna, P. (2011), Telephone triage and advice services (TTAS) have been increasingly used to assess patients' symptoms, provide information and refer patients to appropriate levels of care (attempting to pursue efficiency and quality of care gains while ensuring safety)Further research on TTAS impact is required, comprising multiple perspectives and broad range of metrics. The telephone conference on 10/10/2014 was 3 days before an office visit. The telephone conference of 10//14/2014 was one day after the office visit of 10/13/2014 and included multiple components of the office visit of 10/13/2014, which would be duplicative. The request would not be supported. Given the above, the request for retrospective telephone evaluation and management service (DOS 10/10/14) is not medically necessary.

Retrospective Office or other outpatient visit (DOS 10/13/14): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Office Visit.

Decision rationale: The Official Disability Guidelines indicate an office visit with a healthcare provider is individualized based on a review of the injured worker's concerns, signs and symptoms, clinical stability, reasonable physician judgment, and medications the injured worker is taking which may require close monitoring. The clinical documentation submitted for review indicated the injured worker had subjective complaints and was utilizing medications which would support the necessity for an office visit. Given the above, the request for retrospective office or other outpatient visit (DOS 10/13/14) is medically necessary.

Retrospective request for report for (DSO 10/13/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Office Visit.

Decision rationale: The Official Disability Guidelines indicate an office visit with a healthcare provider is individualized based on a review of injured worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The report would be considered part of the office visit. There was a lack of rationale indicating a necessity for an additional fee for compiling the report. Given the above, the request for retrospective request for report for (DSO 10/13/14) is not medically necessary.

Retrospective prolonged service in the office (DOS 10/13/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Office Visit.

Decision rationale: The Official Disability Guidelines indicate an office visit with a healthcare provider is individualized based on a review of injured worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. There was a lack of documentation indicating a necessity for a prolonged office visit. Given the above, the request for retrospective prolonged service in the office (DOS 10/13/14) is not medically necessary.

Retrospective request for MRI of the lumbar spine (DOS 10/13/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI.

Decision rationale: The Official Disability Guidelines indicate a repeat MRI is recommended for a significant change in symptoms or findings of a significant pathology. The clinical documentation submitted for review failed to provide there was documentation of a significant change in symptoms or significant change in findings. Given the above, the request for retrospective request for MRI of the lumbar spine (DOS 10/13/14) is not medically necessary.

Retrospective Preventive medicine counseling (DOS 10/13/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Preventive Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.acpm.org/?page=whatispm.

Decision rationale: Per the American Academy of Preventive Medicine states that: Preventative medicine is practiced by all physicians to keep their patients healthy. It is also a unique medical specialty recognized by the American Board of Medical Specialties (ABMS). Preventive Medicine focuses on the health of individuals, communities, and defined populations. Its goal is to protect, promote, and maintain health and well-being and to prevent disease, disability, and death. There were prior sessions where the injured worker received preventative medicine counseling. There was a lack of documentation indicating a necessity for additional preventative medicine counseling. The clinical documentation submitted for review failed to provide inclusion of the specific topics that were covered in the preventative medicine counseling. As such, the medical necessity was not established. Given the above, the request for retrospective preventive medicine counseling (DOS 10/13/14) is not medically necessary.

Retrospective request for Office visit (DOS 10/20/14): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Office visit.

Decision rationale: The Official Disability Guidelines indicate an office visit with a healthcare provider is individualized based on a review of the injured worker's concerns, signs and symptoms, clinical stability, reasonable physician judgment, and medications the injured worker is taking which may require close monitoring. The clinical documentation submitted for review

indicated the injured worker had subjective complaints and was utilizing medications, which would support the necessity for an office visit. Given the above, the request for retrospective request for office visit (DOS 10/20/14) is medically necessary.

Retrospective request for Alcohol and/or substance abuse counseling (DOS 10/13/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute on Alcohol Abuse and Alcoholism.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.niaaa.nih.gov/, http://www.drugabuse.gov/.

Decision rationale: Per the National Institute on Alcohol Abuse and Alcoholism Alcohol effects every organ in the drinker's body and can damage a developing fetus. Intoxication can impair brain function and motor skills; heavy use can increase risk of certain cancers, stroke and liver disease. Alcoholism or alcohol dependence is a diagnosable disease characterized by a strong craving for alcohol, and/or continued use despite harm or personal injury. Alcohol abuse, which can lead to alcoholism, is a pattern of drinking that results in harm to one's health, interpersonal relationships or ability to work. Per the National Institute on Drug Abuse Drug addiction is a complex illness characterized by intense and, at time, uncontrollable drug craving, along with compulsive drug seeking and use that persist even in the face of devastating consequences. While the path to drug addiction beings with the voluntary act of taking drugs, over time a person's ability to choose not to do some becomes compromised, and seeking and consuming the drug becomes compulsive. There was a lack of documentation indicating the injured worker had a need for alcohol or substance abuse counseling. There was a lack of documentation indicating the injured worker was at risk for drug abuse or alcohol abuse. The documentation indicated the injured worker was taking his medications appropriately. There was a lack of documentation of a discussion-taking place and the content of the discussion. Given the above, the request for retrospective request for alcohol and/or substance abuse counseling (DOS 10/13/14) is not medically necessary.

Retrospective request for Telephone evaluation (DOS 10/14/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Char Format Decision based on Non-MTUS Citation National Library of Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: Per Carrasqueiro, S., Oliveira, M., & Encarna, P. (2011), Telephone triage and advice services (TTAS) have been increasingly used to assess patients' symptoms, provide information and refer patients to appropriate levels of care (attempting to pursue efficiency and quality of care gains while ensuring safety) Further research on TTAS impact is required, comprising multiple perspectives and broad range of metrics. The telephone conference on 10/10/2014 was 3 days before an office visit. The telephone conference of 10/14/2014 was one day after the office visit of 10/13/2014 and included multiple components of the office visit of 10/13/2014, which would be duplicative. The request would not be supported. Given the above, the request for retrospective telephone evaluation and management service (DOS 10/10/14) is not medically necessary.

Retrospective request for Office visit (DOS 10/20/14): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Office visit.

Decision rationale: The Official Disability Guidelines indicate an office visit with a healthcare provider is individualized based on a review of the injured worker's concerns, signs and symptoms, clinical stability, reasonable physician judgment, and medications the injured worker is taking which may require close monitoring. The clinical documentation submitted for review indicated the injured worker had subjective complaints and was utilizing medications which would support the necessity for an office visit. Given the above, the request for retrospective request for office visit (DOS 10/20/14) is medically necessary.

Retrospective request for Report (DOS 10/20/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, office visit.

Decision rationale: The Official Disability Guidelines indicate an office visit with a healthcare provider is individualized based on a review of injured worker’s concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The report would be considered part of the office visit. There was a lack of rationale indicating a necessity for an additional fee for compiling the report. Given the above, the request for retrospective request for report for (DOS 10/20/14) is not medically necessary.

Retrospective request for Preventive medicine counseling (DOS 10/20/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Preventive Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.acpm.org/page=whatispm.

Decision rationale: Per the American Academy of Preventive Medicine states that Preventative medicine is practiced by all physicians to keep their patients healthy. It is also a unique medical specialty recognized by the American Board of Medical Specialties (ABMS). Preventive Medicine focuses on the health of individuals, communities, and defined populations. Its goal is to protect, promote, and maintain health and well-being and to prevent disease, disability, and death. The clinical documentation submitted for review failed to provide inclusion of the specific topics that were covered in the preventative medicine counseling. There were prior sessions where the injured worker received preventative medicine counseling. There was a lack of documentation indicating a necessity for additional preventative medicine counseling. As such, the medical necessity was not established. Given the above, the request for retrospective request for preventive medicine counseling (DOS 10/20/14) is not medically necessary.

Retrospective Request for Administration and interpretation of health risk assessment (DOS 10/20/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Preventive Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.actuary.org/pdf/health/1-health.pdf.

Decision rationale: Per the American Academy of Actuaries, A Health risk assessment is a means of determining objectively whether an individual or group represents a risk that is reasonably close to the average and, if not, of quantifying the relative deviation from the average. The clinical documentation submitted for review failed to indicate that there was an actual discussion of health risk assessment. There was a lack of documentation indicating the inclusion of specific topics regarding the health risk assessment. Given the above, the request for retrospective request for administration and interpretation of health risk assessment (DOS 10/20/14) is not medically necessary.