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| Case Number: | CM14-0217303 | | |
| Date Assigned: | 01/07/2015 | Date of Injury: | 10/15/2013 |
| Decision Date: | 02/28/2015 | UR Denial Date: | 12/22/2014 |
| Priority: | Standard | Application Received: | 12/29/2014 |

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 47 year old male who suffered a work related injury on 10/17/2012. Diagnoses include cervical strain, lumbar strain, cervical spondylosis C4-C5, and C5-C6, lumbar spondylosis L3-L4, L4-L5, and L5-S-1, degenerative disc L5-S1, with 2mm central disc protrusion without stenosis, and 1-2mm disc bulge L4-L5 without central or foraminal stenosis. There was no evidence of radiculopathy on EMG/NCS studies done on 02/07/2014. Treatment has included medications, and physical therapy. In a physician progress note dated 12/01/2014 the injured worker continues to complain of low back pain radiating to the right buttock, lateral thigh and calf with numbness in the right foot which is constant. The injured worker arises from a seated position slowly but without difficulty. Gait is normal and lumber range of motion is moderately decreased with pain at the limits of his range. The request is for 12 specialist office visits/follow ups. Utilization Review non-certified the request for 12 specialist office visits/follow ups citing Official Disability Guidelines-Office Visits. The claimant has minimal findings. He is already being prescribed medication by an orthopedic physician. There is no indication of any aggressive treatment that requires 12 specialist office visits. He can be managed by his current provider or primary care provided for medication refills as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Specialist office visits/follow ups x 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines Pain, Office Visits

Decision rationale: ODG states concerning office visits "Recommended as determined to be medically necessary. 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, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. 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." ACOEM states regarding assessments, "The content of focused examinations is determined by the presenting complaint and the area(s) and organ system(s) affected and further writes that covered areas should include focused regional examination and neurologic, ophthalmologic, or other specific screening." The treating physician does not detail the rationale or provide additional information for the requested 12 visits for evaluation and treatment. Importantly, the treatment notes do not detail what medications and symptoms are to be evaluated and treated. There is no evidence that a specialist would enhance the treatment of this patient. Therefore, the request for 12 specialist visits is not medically necessary.