

Case Number:	CM14-0217861		
Date Assigned:	01/07/2015	Date of Injury:	05/24/2000
Decision Date:	03/25/2015	UR Denial Date:	12/17/2014
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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 66 year old female, who sustained an industrial injury on 5/24/2000. She has reported a back and neck injury after slipping and falling. The diagnoses have included cervical spondylosis, lumbar degenerative disc disease and lumbar degenerative joint disease. Treatment to date has included medications, trigger point injections, Transcutaneous Electrical Nerve Stimulation (TENS) and physical therapy. Currently, the injured worker complains of stabbing, shock like low back pain such that she loses her balance sporadically like sciatica and it radiates down both legs. She has intermittent neck pain on the left side that radiates from left arm. Physical exam revealed cervical motion was uncomfortable, lumbar flexibility revealed discomfort with extension, and gait was normal. She gets trigger point injections when she is working with some benefit. There were no current medications listed other than Tylenol. On 12/17/14 Utilization Review non-certified a request for Medication management, noting that the medical necessity of this request had not been established. The (MTUS) Medical Treatment Utilization Schedule guidelines and Official Disability Guidelines (ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG pain guidelines and office visits

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. 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. In this case, office visit follow-ups for medication management is not supported by medical necessity. The medications to be managed and their frequency is not specified. Therefore the request is not medically necessary.