

Case Number:	CM15-0100097		
Date Assigned:	06/02/2015	Date of Injury:	06/21/2013
Decision Date:	06/30/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/26/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

The injured worker is a 47 year old female, who sustained an industrial injury on 6/21/2013. The current diagnoses are lumbar disc herniations at L4-5 and L5-S1, facet arthropathy of the lumbar spine, right hip trochanteric bursitis, and right sacroiliac joint dysfunction. According to the progress report dated 4/3/2015, the injured worker complains of severe low back pain with radiation down the right leg to the foot, which is worsening with time. The pain is rated 7/10 on a subjective pain scale. She notes that her pain has improved, however she says the pain never completely goes away. Additionally, she reports difficulty sleeping due to pain. The physical examination reveals tenderness to palpation over the lower lumbar facet regions, right greater than left, pain with facet loading to the lumbar spine bilaterally, decreased range of motion, and antalgic gait. The current medications are Tylenol #3, Naproxen, Prilosec, and Lidopro cream. Treatment to date has included medication management, MRI studies, physical therapy, home exercise program, chiropractic, electrodiagnostic testing, acupuncture, medial branch block, and lumbar rhizotomy. Per notes, she is now authorized for a psychological consult. The plan of care includes general orthopedic follow-ups for right hip and pelvis.

IMR ISSUES, DECISIONS AND RATIONALES

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

General orthopedic follow ups for right hip and pelvis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis, Office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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 orthopedic follow ups for hip and pelvis. No additional information regarding what specialist was provided in the treatment notes. Importantly, the treatment notes do not detail what medications and symptoms are to be evaluated and treated. The medical documentation provided do not indicate subjective complaints or objective findings in the right hip and pelvis that indicate the need for further evaluation. As such, the request for General orthopedic follow ups for right hip and pelvis is not medically necessary at this time.