MAXIMUS Federal Services

Case Number:	CM15-0110115		
Date Assigned:	06/16/2015	Date of Injury:	05/20/2009
Decision Date:	07/15/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/08/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60-year-old female who sustained an industrial injury on May 20, 2009. She has reported pain to the knee, back, and neck and has been diagnosed with lumbar degenerative disc disease with radiculopathy, cervical degenerative disc disease with radiculopathy, and left peroneus brevis avulsion with arthritic changes left foot status post-surgery. Treatment has included medications, chiropractic care, injection, surgery, and medical imaging. On examination, she had a limping gait. There was limitation of motion with rotation of the neck. There is pain on extension but not on flexion. Flexion of the back produced pain, but not with extension. Straight leg raise on the left was 20 degrees and 30 degrees on the right. Examination of the left foot shows post-surgery and boot. There was swelling of both feet. The treatment request included follow up visit and Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up visits x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain (chronic).

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

Decision rationale: Regarding the request for 6 follow-up visits, California MTUS does not specifically address the issue. ODG cites that "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. 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." Within the documentation available for review, it is noted that the patient is currently taking medications that warrant routine reevaluation for efficacy and continued need. While a few office visits are appropriate, as with any form of medical treatment, there is a need for routine reevaluation and the need for 6 follow-up visits cannot be predicted with a high degree of certainty. Unfortunately, there is no provision for modification of the request to allow for an appropriate amount of office visits at this time. In light of the above issues, the currently requested 6 follow-up visits are not medically necessary.

Celebrex 200 mg #60 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk, anti-inflammatory medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain (chronic): Celecoxib (Celebrex).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22 and 30 of 127.

Decision rationale: Regarding the request for celecoxib (Celebrex), Chronic Pain Medical Treatment Guidelines state that Celebrex may be considered if the patient has a risk of GI complications. Within the documentation available for review, there is no identification of a high risk of GI complications. There is no indication that Celebrex is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Furthermore, as with any medication, there should be regular reevaluation for efficacy and continued need. The prescription for 6 refills is not conducive to regular reevaluation and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested celecoxib (Celebrex) is not medically necessary.