

Case Number:	CM15-0112629		
Date Assigned:	06/19/2015	Date of Injury:	06/01/2012
Decision Date:	08/06/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/11/2015

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: Emergency 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 was a 37-year-old male, who sustained an industrial injury, June 1, 2012. The injured worker sustained several falls. The injured worker's knee was giving out, causing the injure worker to fall. The injured worker previously received the following treatments lumbar spine CT scan, Soma, Norco, Nucynta, Ibuprofen, epidural steroid injection, physical therapy, home physical therapy, home care services, MS Contin, Avinza, Celebrex, Lyrica and Buprenorphine. The injured worker was diagnosed with chronic back pain, lumbago, lumbar radiculopathy, strain of knee, chronic pain due to injury, arthropathy, morbid obesity, acute on chronic back pain, fall at home, sacral, bilateral lower extremity weakness, bilateral knee pain and lumbar strain. According to progress note of March 20, 2015, the injured worker's chief complaint was moderate to severe back pain. The pain was located in the lower back and left leg. The pain radiated into the left ankle and right thigh. The injured described the pain as deep, discomforting, numbness, piercing, sharp, shooting, stabbing and throbbing. The symptoms were aggravated by changing positions, coughing, daily activities, defecation, extension, lifting, lying/resting, rolling over in bed, sitting, sneezing and walking. Mediations, drugs and rest relieved the symptoms. The physical exam noted normal gait and muscle tone and lower extremity with normal muscle tone. The paraspinal tone was normal. There were moderate lumbar spasms. There was tenderness in the paraspinous, lumbar, lumbar sacroiliac and right buttocks bilaterally and straight leg raises were positive on the left. The treatment plan included follow-up visits from pain management, 1 ramp to enter and exit the home ad hand held shower bars.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Office visit follow-ups for pain management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Office visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: As per MTUS Chronic pain guidelines, patient is currently on chronic opioid therapy and recommendation is for monthly office visits for monitoring of opioid therapy. Patient currently requires monthly opioid medication review concurrently with office visits. Patient will require office visits but it is unclear why patient requires multiple follow-up visits approved in advance since patient's current therapy require monthly visits. Advance request for office visits are not necessary as per MTUS guidelines. Therefore, this request for 6 office visit follow ups for pain management is not medically necessary.