MAXIMUS Federal Services

Case Number:	CM15-0113167		
Date Assigned:	06/19/2015	Date of Injury:	05/22/2009
Decision Date:	12/09/2015	UR Denial Date:	05/21/2015
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: 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 46 year old male who sustained an industrial injury on 05-22-2009. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar degenerative disc disease with radiculopathy and facet syndrome. According to the treating physician's progress report on 05-11-2015, the injured worker continues to experience pain in all joints and low back pain rated at 7 out of 10 with medications and 10 out of 10 on the pain scale without medications. Examination demonstrated tenderness at the paravertebral muscles at L4-S1. Range of motion was documented as flexion at 45 degrees, extension at 10 degrees and bilateral lateral bend at 15 degrees each. The injured worker has an antalgic gait with right quadriceps atrophy. Current medications were noted as Norco, Cymbalta and Cimzia. Prior therapies were not documented in the report dated 05-11-2015.Treatment plan consists of continuing with meds, weight loss, rheumatology follow-up, home exercise program and the current request for a follow-up clinic visit for the management of chronic pain. On 05-21-2015, the Utilization Review determined the request for a follow-up clinic visit for the management of chronic pain was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up clinic visit, for the management of chronic pain, as an outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 92.

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, the claimant has chronic pain and is on opioids for pain management. Pain scores were noted and a request was made for a 1-month follow-up. The request for the follow-up is appropriate.