

Case Number:	CM15-0115100		
Date Assigned:	06/23/2015	Date of Injury:	07/31/2010
Decision Date:	07/22/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/15/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

Treatments to date include: medication, TENS unit, trigger point injections, acupuncture, heating pad, paraffin bath and theracane for stretching. Primary treating physician's progress note dated 5/5/15 reports low pain continues mostly on left side with tingling and numbness to left leg. Injured worker reported pain 6/10. Progress note dated 5/21/15 reports pain level remains 6/10. Trigger point injection placed and resulted in 100% improvement of his back pain. The pain in his left thigh continues. Diagnoses include: low back pain, internal disk disruption, chronic pain, insomnia, left sacroiliac joint dysfunction and spondylosis. Work status is permanent and stationary, no lifting greater than 50 pounds and no repetitive bending or stooping. Plan of care includes trigger point placed today, apply heat to area, ice/heat/ice use starting tomorrow, continue HEP and theracane use. Return for follow up in 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Return to Clinic in 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

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

Decision rationale: Pursuant to the Official Disability Guidelines, return clinic two weeks is not medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of 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 as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case review and reassessment 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 injured worker's working diagnoses are low back pain; internal disc disruption; chronic pain; insomnia; left sacroiliac joint dysfunction; left trochanteric bursitis; and spondylosis. The date of injury is July 31, 2010. According to a January 5, 2015 progress note, the treatment plan stated the injured worker was to return in two weeks. The injured worker had follow-up every two weeks through May 27, 2015. The documentation does not reflect a significant change in the injured worker's symptoms or objective clinical findings to warrant a two-week follow-up. The current list of medications includes omeprazole, naproxen, Lunesta as needed and Lidopro topical ointment. Medications do not require frequent follow-up every two weeks. There is no clinical indication or rationale for every two-week clinic follow-up. Consequently, absent clinical documentation with an indication and rationale for every two-week follow-up, return clinic two weeks is not medically necessary.