

Case Number:	CM15-0118224		
Date Assigned:	06/26/2015	Date of Injury:	06/01/2012
Decision Date:	07/27/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/18/2015

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 37 year old male who sustained a work related injury June 1, 2012. Past history included hypertension and morbid obesity, s/p left shoulder surgery April 2005, s/p left knee arthroscopy with partial lateral meniscectomy and chondroplasty of the lateral patellofemoral compartments January 2012, and s/p left knee surgery January 2013. According to a consulting physician's report, dated May 19, 2015, the injured worker presented with moderate to severe back pain, rated 6/10, with medication and 9/10 without medication. It is described as persistent and worsening and radiates to the left calf, foot, and thigh. Current medication included ibuprofen, Nucynta, Soma and Buprenorphine Hydrochloride. He reports walking with a cane and that the pain is stabbing when walking. He would like to discontinue the buprenorphine hydrochloride due to diarrhea, headache and dizziness. He would also like TEN's electrode pads previously denied, as the TEN's unit did lessen his back pain. He would like to return to work. Physical examination of the thoracic spine revealed severe pain with range of motion. The left and right hip revealed weak muscles and range of motion moderately reduced. Diagnoses are lumbago; pain in joint, lower leg; thoracic or lumbosacral neuritis or radiculitis, unspecified; spinal stenosis of the lumbar region without neurogenic claudication; sprain unspecified knee leg; arthropathy, unspecified site; chronic pain due to trauma. At issue, is a request for authorization for 2 monthly office visit follow-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Monthly office visit follow ups: 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, Pain (Chronic): Office visits (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - pain guidelines and office visits- page 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 opioid medications. Routine follow-up is necessary and is typically monthly for medication management. There is no indication for alternative protocol, weaning, recent acuity requiring indefinite visits twice monthly. As a result, the request is not medically necessary.