MAXIMUS Federal Services

Case Number:	CM15-0122680		
Date Assigned:	07/06/2015	Date of Injury:	05/26/2006
Decision Date:	08/14/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/25/2015

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, Texas, New Mexico
Certification(s)/Specialty: Anesthesiology

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 62 year old male, who sustained an industrial injury on 5/26/2006. The injured worker was diagnosed as having lumbago, facet syndrome, and unspecified drug dependence. Treatment to date has included diagnostics, right knee arthroscopy x2, left forearm surgery x2, lumbar fusion (2010), mental health treatment, epidural steroid injection 6/2014, and medications. Most recently (5/18/2015), the injured worker complains of ongoing pain in his low back, right knee, left thigh, bilateral feet and ankles, and left wrist. Pain was rated 6/10 after the use of Norco, for several hours. He noted some relief with use of a back brace. He was also taking Ibuprofen. He fell in November, was diagnosed with vertigo and fractured rib, and used a cane. An epidural was denied despite failed medication and physical therapy. Current medications included Docusate, Flexeril, Tramadol, Acetadryl, Ibuprofen, Effexor, Omeprazole, Norco, Lidocaine ointment, Atenolol, Hydralazine, HCTZ, Lisinopril, and Voltaren eye drops. His work status was permanent and stationary. No aberrant drug behaviors were noted. The treatment plan included three monthly follow-up visits for his lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Monthly follow up visits for the lumbar spine (1x3): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd edition, 2004, Chapter 7, Page 127 regarding Independent Medical Examinations and Consultations.

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

Decision rationale: This is a review for the requested three monthly follow visits for the lumbar spine. According to the medical record this follow up request is for visits with a pain management physician. As part of a pain management program the total amount of visits is not delineated, according to the ODG. This patient does meet the criteria for pain management according to the ODG. Some of the criteria include chronic pain with evidence of persistent loss of function, previously unsuccessful methods of treating pain and the goal of avoiding surgery. Treatment goals including objective measures, assessments and gains should be clearly documented. For these reasons, the request is medically necessary.