

Case Number:	CM15-0125683		
Date Assigned:	07/10/2015	Date of Injury:	11/20/2010
Decision Date:	08/06/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/29/2015

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 57 year old male, who sustained an industrial injury on 11/20/2010. He has reported injury to the low back. The diagnoses have included multilevel degenerative disc disease, spondylolisthesis with spinal stenosis, both central and foraminal; bilateral lower extremity radiculitis; bilateral lower extremity lumbar sensory and motor radiculopathy; and status post implantation of spinal cord stimulator system, on 07/31/2013. Treatments have included medications, diagnostics, cane, walker, physical therapy, home exercise program, and spinal cord stimulator implantation. Medications have included Norco, Vicodin, and Naproxen. A progress note from the treating physician, dated 04/17/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of chronic low back pain and lower extremity radicular pain; the spinal cord stimulator continues to function well and he remains very pleased with its coverage; the spinal cord stimulator substantially reduces his lower extremity radicular pain; it is not as effective in relieving his ongoing low back pain; he has to use the pain medication on occasion; medication assists with mobility, activities of daily living, and restorative sleep; low back pain is reduced 30-40%; and he continues making an effort to lose weight. Objective findings have included a limp; ambulating with a walker; tenderness to palpation of the right sciatic notch, the ischial tuberosity, and the greater trochanter; tenderness of the left sciatic notch; tenderness of the paraspinal region at L4 and the iliolumbar region on the right; tenderness of the paraspinal region at L4; and decreased lumbar ranges of motion. The treatment plan has included the request for pain management follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management follow up visit: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 Office visits- 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. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the claimant has a spinal cord stimulator and is on pain medication. The claimant had good pain control and the physician has requested a pain specialist follow-up every 90 days. In this case, the claimant does have chronic pain and a stimulator, which requires multi-specialty involvement. The request for a pain management follow-up is appropriate and medically necessary.