

Case Number:	CM15-0172463		
Date Assigned:	09/14/2015	Date of Injury:	09/08/2008
Decision Date:	10/13/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/01/2015

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:

The injured worker is a 44-year-old male, who sustained an industrial injury on 09-08-2008. He has reported injury to the low back. The diagnoses have included lumbar sprain-strain; sprain thoracic region; myalgia; major depressive affective disorder; and chronic pain syndrome. Treatment to date has included medications, diagnostics, physical therapy, acupuncture, chiropractic therapy, psychotherapy, lumbar facet block, and home exercise program. Medications have included Norco, Naprosyn, Restoril, Prilosec, topical compounded creams, Oxycontin, Cyclobenzaprine, Hydromorphone, Methadone, Lorazepam, Temazepam, Tylenol-Codeine #4, and Lyrica. A progress note from the treating physician, dated 07-27-2015, documented a follow-up visit with the injured worker. The injured worker reported lower back pain radiating down the bilateral lower extremities; the pain level for today is rated at 8 out of 10 in intensity; and pain relief was moderate with blocks and physical therapy. Objective findings included in no acute distress; straight leg raise is positive on the left and the right; lumbar spine with decreased range of motion; diminished strength and tone due to pain L5; tenderness at bilateral facet joint levels from L3 through S1; tenderness in the midline at L4-S1; and sensation to light touch and pinprick is intact. The treatment plan has included the request for 3 sessions of medication management unspecified if inpatient or outpatient. The original utilization review, dated 08-24-2015, non-certified a request for 3 sessions of medication management unspecified if inpatient or outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 sessions of medication management unspecified if inpatient or outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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, three sessions of medication management (unspecified inpatient or outpatient) are 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 on the answer 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 major depressive affective disorder recurrent episode severe; pain disorder associated with both psychological factors and a general medical condition; and chronic pain. Date of injury is September 8, 2008. Request for authorization is August 19, 2015. According to a July 27, 2015 progress note, the injured worker was referred for a behavioral health evaluation to manage medications. Subjectively, the injured worker had ongoing low back pain and stiffness. Medications were prescribed for anxiety, pain and anxiety. The medications are not listed in the medical record. The frequency and dosage of the medications are not listed in the medical record. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating the current list of medications and no documentation of the current dosages and frequency of current medications, three sessions of medication management (unspecified inpatient or outpatient) are not medically necessary.