

Case Number:	CM15-0174237		
Date Assigned:	09/16/2015	Date of Injury:	02/17/2012
Decision Date:	10/23/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	09/03/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 24-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 7, 2012. In a utilization review report dated July 30, 2015, the claims administrator failed to approve a request for prolonged services - CPT code 99354. A June 20, 2015 office visit and non-MTUS Chapter 7 ACOEM Guidelines were referenced in the determination. The applicant's attorney subsequently appealed. On June 2, 2015, the applicant reported ongoing complaints of low back pain, 4/10. Drug testing was sought. On a Doctor's First Report (DFR) dated June 20, 2015, the applicant was given prescriptions for tramadol and Naprosyn. The applicant was returned to regular work, it was reported at the bottom of the note, despite complaints of pain with sitting, standing, kneeling, squatting, stooping, getting dressed, bending, and performing household chores. It was not, however, explicitly stated whether the applicant was or was not working, despite being returned to regular-duty work on paper. Authorization was sought for prolonged face-to-face services. Overall commentary was sparse. It was not clearly stated what prolonged services transpired on this day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro prolonged examination: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations, pages 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: No, the retrospective request for a prolonged examination/prolonged face-to-face time on June 20, 2015 was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 3, page 44 does acknowledge that an apprehensive applicant requires "more detailed information and discussion," here, however, the attending provider's June 20, 2015 progress note did not clearly state why prolonged face-to-face services were rendered. It was not stated why the attending provider needs to spend protracted amounts of time with the claimant. While the MTUS Guideline in ACOEM Chapter 3, page 44 acknowledges that an attending provider may present information at an applicant's pace, sometimes requiring usage of interactive media such as CD ROMs or videotapes, here, again, the attending provider's June 20, 2015 DFR failed to outline why prolonged face-to-face time was needed or indicated here and/or spent with the applicant. Therefore, the request was not medically necessary.