

<b>Case Number:</b>	CM15-0175269		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	12/16/2010
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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 45 year old male with an industrial injury dated 12-16-2010. A review of the medical records indicates that the injured worker is undergoing treatment for cervical degenerative disc disease, thoracic discogenic syndrome, lumbar degenerative disc disease, gastritis, poor coping and myofascial pain. Treatment consisted of diagnostic studies, psychotherapy, injections, prescribed medications, and periodic follow up visits. According to the progress note dated 07-24-2015, the injured worker reported lower back pain with radiation to bilateral legs, right greater than left. The injured worker also reported constant neck pain with radiation to bilateral shoulder. The injured worker rated pain a 7 out of 10. The injured worker's pain is decreased with transcutaneous electrical nerve stimulation (TENS) and Lidopro cream. The injured worker had previous trigger point injections that were noted to be helpful. Objective findings (7-24-2015) revealed tenderness to palpitation of thoracolumbar paraspinal, hypertonicity of lumbar paraspinal muscles, and reduced lumbar range of motion with guarding due to pain. The treating physician reported that the injured worker was deconditioned. The injured worker underwent trigger point injection in thoracic on 07-24-2015. In a more recent progress not dated 08-07-2015, the injured worker reported no change in symptoms from trigger point injection. Objective findings (08-07-2015) revealed pain amplification behavior, decrease range of motion and antalgic gait. The treating physician prescribed services for a return to clinic follow up, now under review. Utilization Review (UR) determination on 08-18-2015 denied the request for return to clinic follow up.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Return to clinic follow up:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress: Office visits.

**Decision rationale:** Office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the 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 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. The number of office visits automatically covered for an established patient is six. In this case, the request is for psychiatric follow-up. The patient has had at least 10 visits for psychiatric follow up in addition to visits with his primary treating physician. He is seeing the psychiatrist every two weeks. There is no documentation of change in the patient's symptoms or new findings that would require intense biweekly follow up. Medical necessity has not been established. The request should not be medically necessary.