

Case Number:	CM15-0177393		
Date Assigned:	09/18/2015	Date of Injury:	05/24/2011
Decision Date:	10/21/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/09/2015

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 49 year old male, who sustained an industrial injury on May 24, 2011. He reported neck and low back pain. The injured worker was diagnosed as having cervicobrachial syndrome, lumbar radiculopathy, low back pain and long term encounter with medications. Treatment to date has included diagnostic therapy, medications, acupuncture (noted to cause inflammation), cervical collar and work restrictions. Currently, the injured worker continues to report neck pain, low back pain and left lower extremity radicular pain. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He was without complete resolution of the pain. Evaluation on August 20, 2013, revealed continued pain as noted. He reported he wore a cervical collar when he went outdoors and noted he was afraid to walk much because everything he does causes pain. It was noted he does not exercise. He reported continued "neck pain and stiffness that does not get better". He was noted to have a slow, stooped and antalgic gait. He was noted to ambulate with a cane. A twitch response was noted with palpation of the lumbar muscles. Medications were continued and physical therapy and pain management counseling were recommended. Evaluation on August 27, 2015, revealed continued pain as noted. He rated his pain at 8 on a 1-10 scale with 10 being the worst. His status remained noted as permanent and stationary and at maximal medical improvement. The RFA included requests for Pain management counseling and was non-certified on the utilization review (UR) on August 28, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management counseling: 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 chapter and 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 is receiving pain medication from the treating physician. There is no mention for need to diagnose a complex condition or provide an invasive procedure. There is no indication that counseling cannot be provided by the primary physician. The amount and type of counseling is not specified. The request is not medically necessary.