

Case Number:	CM15-0178900		
Date Assigned:	09/21/2015	Date of Injury:	10/03/2013
Decision Date:	12/04/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/11/2015

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 53-year-old who has filed a claim for chronic low back pain, knee, leg, and foot pain reportedly associated with an industrial injury of October 3, 2013. In a Utilization Review report dated August 23, 2015, the claims administrator failed to approve a request for pain management follow-up visit. The claims administrator referenced an August 3, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 23, 2015, the applicant reported ongoing complaints of leg, ankle, knee, and foot pain. Work restrictions were endorsed, although the treating provider suggested the applicant's employer was unable to accommodate said limitations. The applicant was asked to follow up with a pain management physician. On July 7, 2015, the applicant reported ongoing complaints of hand, leg, knee, and low back pain collectively rated as 6/10. The applicant was not working, the treating provider acknowledged. The applicant had undergone earlier failed ankle surgery, it was reported. Motrin and lidocaine were endorsed while the applicant was seemingly kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up with pain management, Right Knee, Ankle, Foot, as outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Ankle and Foot Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Yes, the request for a follow-up visit with a pain management physician was medically necessary, medically appropriate, and indicated here. As noted in MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are "often warranted," even in those applicants whose conditions are not expected to change appreciably from week to week or visit to visit. Here, the applicant was off of work. The applicant was using at least two analgesic medications, Motrin and lidocaine ointment. Obtaining the added expertise of a pain management physician was, thus, indicated on several levels, including for medication management and/or disability management purposes. Therefore, the request was medically necessary.