

Case Number:	CM15-0024448		
Date Assigned:	02/17/2015	Date of Injury:	09/13/2000
Decision Date:	04/03/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/09/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 71 year old male, who sustained an industrial injury on 9/13/00. He has reported low back injury. The diagnoses have included myoligamentous strain of the lumbar spine, bilateral shoulder and low back pain. Treatment to date has included oral medications and physical therapy. Currently, the injured worker complains of low back pain which travels down the buttocks into legs, intermittent numbness, tingling and weakness in the legs and bilateral intermittent shoulder pain. On physical exam dated 1/27/15 tenderness over the left and right sacroiliac joints and sciatic notches bilaterally was noted. Decreased range of motion with bilateral tenderness of shoulders was noted along with generalized tenderness of the plantar aspects of both feet. It is noted he will continue taking Ultracet which he states gives him significant symptomatic relief and allows him to continue his activities of daily living. The worker uses a Cane for ambulation. On 2/4/15 Utilization Review non-certified follow-up office visit for ongoing treatment of lumbar spine injury as an outpatient, noting since the ongoing treatment with Ultracet was not supported, there would be no indication for a follow-up visit. Non-MTUS guidelines were cited. On 2/9/15, the injured worker submitted an application for IMR for review of a follow-up office visit for ongoing treatment of lumbar spine injury as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-Up Office Visit with Treating Physician: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 87-89.

Decision rationale: The CA MTUS recommend that chronic pain patients should be evaluated at regular intervals for efficacy of treatments and functional restoration. The records indicate that the 71 year old patient had subjective and objective findings of significant musculoskeletal pain. He is utilizing Ultracet medication and ambulating with the aid of a Cane. The guidelines recommend that patients on opioid medications be regularly evaluated for medication efficacy, UDS, absence of aberrant behaviors or adverse effects and functional restoration. The criteria for Follow-up office visit with Treating physician was met.