

Case Number:	CM15-0064186		
Date Assigned:	04/10/2015	Date of Injury:	07/18/1999
Decision Date:	05/08/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	04/03/2015

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: 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 62 year old male who sustained an industrial injury on 7/18/99. The injured worker reported symptoms in the back and bilateral knees. The injured worker was diagnosed as having degenerative disc disease lumbar spine, degenerative scoliosis, multiple level neural foraminal narrowing, lumbar radiculopathy, and left carpal tunnel syndrome. Treatments to date have included oral pain medication, muscle relaxants, and non-steroidal anti-inflammatory drugs. Currently, the injured worker complains of pain in the back and bilateral knees. A progress note on 12/3/14 indicated the claimant had continued back pain and was treated with opioids and NSAIDs by an orthopedic surgeon. The plan of care was for a pain specialist visit to manage medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Medication Management Visit With A Pain Management Specialist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): Table 9-3, Table 13-3. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder chapter (Acute & Chronic); Low Back chapter - Lumbar & Thoracic (Acute & Chronic); Knee & Leg chapter (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain 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 had persistent pain despite multiple medications. The request for a pain specialist is appropriate and necessary to optimize pain control and insure medication compliance.