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| Case Number: | CM15-0066405 | | |
| Date Assigned: | 04/14/2015 | Date of Injury: | 01/16/2006 |
| Decision Date: | 05/13/2015 | UR Denial Date: | 03/18/2015 |
| Priority: | Standard | Application Received: | 04/07/2015 |

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 42 year old male, who sustained an industrial injury on 1/16/06. He reported head and lumbar spine injuries. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy, cervicgia, lumbago and sciatica. Treatment to date has included oral medications including opioids, TENS unit, radiofrequency ablation, physical therapy and home exercise program. Currently, the injured worker complains of ongoing back pain. He states his pain is currently 2-7/10. The injured worker noted previous radiofrequency ablation provided greater than 80% pain relief. Physical exam noted pain in paravertebral muscles on right side and positive lumbar facet loading. The treatment plan included continuation of oral medications and request for authorization for monthly follow up visits with pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly follow-up visits x 6 LS: 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)

www.odgtreatment.com Work loss data institute www.worklossdata.com.-low back-lumbar and thoracic (acute and chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: ODG states concerning office visits "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."ACOEM states regarding assessments, "The content of focused examinations is determined by the presenting complaint and the area(s) and organ system(s) affected." And further writes that covered areas should include "Focused regional examination" and "Neurologic, ophthalmologic, or other specific screening."The treating physician does detail the rationale and provide additional information for the requested 6 month with 2 visit evaluation and treatment. Importantly, the treatment notes do detail what medications and symptoms are to be evaluated and treated. The original reviewer partially certified the request to allow for one follow-up visit. Due to the chronic nature of the patient's condition, monthly visits would be appropriate. As such, the request for Monthly follow-up visits x 6 LS is medically necessary at this time.