

Case Number:	CM15-0066473		
Date Assigned:	04/14/2015	Date of Injury:	09/24/2014
Decision Date:	05/13/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/08/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 46 year old male, who sustained an industrial injury on 09/24/2014. He has reported injury to the low back. The diagnoses have included lumbago; lumbosacral sprain/strain; and sacroiliac joint sprain. Treatment to date has included medications, diagnostics, chiropractic therapy, and physical therapy. Medications have included Norco, Naproxen, and Cyclobenzaprine. A progress note from the treating physician, dated 02/03/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued lumbar and radicular right leg pain; reduced level of function; pain is rated 8/10 on average; and has had some intermittent radicular weakness. Objective findings included right paraspinal spasming is noted to palpation; and positive straight leg raise on the right. The treatment plan has included the request for physician follow-up appointment, 6 monthly appointments (lumbar). 3 monthly office visits were certified on 2/9/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physician follow-up appointment, 6 monthly appointments (lumbar): Upheld

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

Decision rationale: Regarding the request for 6 monthly follow-up appointments, California MTUS does not specifically address the issue. ODG cites that 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. 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. Within the documentation available for review, it is noted that the patient was certified for 3 follow-up visits on 2/9/15. While a few office visits are appropriate, as with any form of medical treatment, there is a need for routine reevaluation and the need for an additional 6 monthly appointments cannot be predicted with a high degree of certainty. Unfortunately, there is no provision for modification of the request to allow for an appropriate amount of office visits at this time. In light of the above issues, the currently requested 6 monthly follow-up appointments are not medically necessary.