

<b>Case Number:</b>	CM15-0066760		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	05/03/2005
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: New Jersey

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 53 year old female, who sustained an industrial injury on 5/3/2005. She reported a back injury from lifting a tub of mail. The injured worker was diagnosed as having an anterior lumbosacral fusion in 2008, failed back surgery syndrome, left lumbar 4-5 radiculopathy and depression and anxiety. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, psychiatric care, cognitive behavioral therapy, functional restoration program and medication management. In a progress note dated 2/5/2015, the injured worker complains of anxiety, depression, mood swings, nervousness and low back pain with radiation to the leg. The treating physician is requesting follow up visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up office visit:** 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), Pain, Office visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back section, Office visits.

**Decision rationale:** The MTUS Guidelines are silent on office visits with a physician. The ODG, however, states that they are recommended as determined to be medically necessary, and clearly 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. A set number of visits cannot be reasonable established, however, the clinician should be mindful of the fact that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In the case of this worker, the request was for a follow-up office visit with the code, 99215, which the previous reviewers suggested was the incorrect code for the request, suggesting that a code for 15 minutes of clinical time would suffice. Upon review of the notes, it is clear that some form of follow-up is medically necessary, but will agree with the previous reviewer that there was insufficient complexity or recent changes to suggest a 99215 code would be appropriate. As there was no explanation included in the request or progress notes to convince the reviewer otherwise, the follow-up office visit (99215) will not be considered medically necessary.