

Case Number:	CM15-0068828		
Date Assigned:	04/16/2015	Date of Injury:	09/26/2013
Decision Date:	05/21/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/10/2015

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: Internal 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 52 year old male, who sustained an industrial injury on 09/26/2013. He reported lower back pain. The injured worker is currently diagnosed as having lumbar strain, status post L4-5 and L5-S1 facet injections, L5-S1 mild to moderate facet arthropathy and L2-3 and L3-4 bulging, and bilateral L5 radiculopathy. Treatment to date has included facet injections, radiofrequency ablation, lumbar spine MRI, electromyography/nerve conduction studies, physical therapy, and medications. In a progress note dated 02/18/2015, the injured worker presented with complaints of back pain with pain radiating into the leg. The treating physician reported requesting authorization for pain management follow up visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management follow up visits x10 for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations, pages 127, Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Office visits.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. Official Disability Guidelines (ODG) indicate that office visits are recommended as determined to be medically necessary. 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. Medical records document a history of low back complaints. The utilization review letter dated March 12, 2015 documented certification of a pain management evaluation for the lumbar spine. The request for 10 follow-up visits were non-certified. Per ODG, office visits are recommended as determined to be medically necessary. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Because the patient had not had the initial pain management consultation, the plan of the pain management specialist had not been formulated yet. The need for 10 follow-up visits is not established. Because the future condition of the patient and treatment plan are unknowns, a request for 10 future pain management follow-up visits is not supported by clinical practice guidelines. Therefore, the request for 10 pain management follow-up visits is not medically necessary.