

Case Number:	CM15-0106863		
Date Assigned:	06/11/2015	Date of Injury:	10/23/1992
Decision Date:	10/15/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/03/2015

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: Texas, 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:

This is a 59 year old male patient, who sustained an industrial injury on 10-23-1992. The current diagnoses include lumbar spondylosis without myelopathy, chronic constipation, lumbar spinal stenosis, thoracic or lumbosacral radiculopathy, low back pain, facet joint degeneration, chronic pain syndrome, degenerative disc disease of the lumbar spine, and opioid-type dependence. According to the progress report dated 4-21-2015, he had complains of persistent, moderate-to-severe pain in the low back with radiation into the bilateral lower extremities. He had pain at 6 out of 10 with medications and 10 out of 10 without medications. The physical examination of the lumbar spine revealed antalgic gait, tenderness over the spinous, paraspinous, gluteals, piriformis, and quadratus, PSIS, and sciatic notch, restrictive and painful range of motion. The current medications list includes Ibuprofen, Trazodone, Miralax, Orphenadrine, Norco, and Avinza. Treatment to date has included medication management, heat, ice, stretching, and MRI studies. Work status is described as permanent and stationary. The original utilization review (5-29-2015) had non-certified a request for 6 office-follow up visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Office or follow up visit as an outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 09/22/15) Office visits.

Decision rationale: Per the cited guidelines "Physician follow-up can occur when a release to modified, increased, or full-duty is needed, or after appreciable healing or recovery can be expected, on average. Physician follow-up might be expected every four to seven days if the patient is off work and seven to fourteen days if the patient is working." In addition, per the ODG "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." Per the records provided patient had moderate-to-severe pain in the low back with radiation into the bilateral lower extremities. He had pain at 6 out of 10 with medications and 10 out of 10 without medications. Patient has significant objective findings on the physical examination- antalgic gait, tenderness over the spinous, paraspinous, gluteals, piriformis, and quadratus, PSIS, and sciatic notch, restrictive and painful range of motion. Patient is on opioid medications- norco and avinza. Periodic Follow-up office visits is medically appropriate for management of pain symptoms and medications. The request of 6 Office or follow up visit as an outpatient is medically appropriate and necessary in this patient at this juncture.