

Case Number:	CM13-0045373		
Date Assigned:	12/27/2013	Date of Injury:	02/12/2013
Decision Date:	01/28/2015	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/12/2013

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 injured worker's date of injury is 02/12/2013. This patient receives treatment for chronic low back pain with "radiculitis thoracic." The treating physician on the RFA dated 10/13/2013 requests "referral for office visit," also stated, "referral for medication dispense." On exam the patient has "some decreased ROM of the cervical and lumbar spine. There is positive lumbar tenderness and paraspinous muscle spasming." Sensation and reflexes are normal on exam. The patient receives chiropractic care. The patient has become opioid dependent. The medications prescribed include: Tramadol, hydrocodone, Voltaren, Flexiril, Protonix, Gabapentin, Doral, and a compounded topical analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for office visits: 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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, On-Going Management. Page(s): 76-78.

Decision rationale: This patient receives chiropractic care and treatment for chronic low back pain. The request for medical services requests "referral for office visit" and "referral for

medication dispense." These two requests lack specificity as well as rationale. Medical office visits are determined by the diagnosis, the treatment plan, the response of the patient to the treatment plan, any side effects or aberrant drug related behaviors, and the treatment goals. The patient's response and the treatment goals are not defined. The nature of the referral itself and the reason for the referral are not defined. The request for the referral is not medically necessary.