MAXIMUS Federal Services

Case Number:	CM13-0028143		
Date Assigned:	03/28/2014	Date of Injury:	07/02/2013
Decision Date:	08/15/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/23/2013

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 OCCUPATIONAL MEDICINE 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:

The applicant has filed a claim for chronic neck and low back pain with derivative complaints of depression, insomnia, and sexual dysfunction reportedly associated with an industrial injury of July 2, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and transfer of care to and from various providers in various specialties.In a Utilization Review Report dated September 9, 2013, the claims administrator modified a request for a pain management referral for periodic office visits to a pain management consultation. The claims administrator noted that the applicant had multifocal complaints of headaches, neck pain, and low back pain, all of which were reportedly severe. The applicant's work status was not stated by the utilization reviewer. The applicant was using unspecified oral and topical analgesics, it was stated. The claims administrator did allude to a progress note of August 1, 2013 which was not incorporated into the Independent Medical Review packet. No clinical progress notes were incorporated into the IMR packet by the claims administrator.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT REFERRAL FOR PERIODIC VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHAPTER 7: INDEPENDENT MEDICAL EXAMINATIONS CONSULTATIONS, 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines, the frequency of follow-up visits should be dictated by an applicant's work status. In this case, however, neither the claims administrator nor the applicant's attorney outlined the applicant's work status. It is not stated whether or not the applicant was working. No clinical progress notes were attached to the Independent Medical Review application. No rationale for periodic office visits was provided. Therefore, pain management referral for periodic visits is not medically necessary.