

<b>Case Number:</b>	CM13-0043005		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/30/2011
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 43-year-old female who reported an injury on 09/30/2011. The mechanism of injury was noted to be verbal abuse. The injured worker's prior treatments were noted to be psychotherapy and medications. The injured worker's diagnosis was noted to be chronic stress/anxiety secondary to job environment and chronic cervical pain. The injured worker had a followup clinical evaluation on 12/27/2013. The evaluation noted palpation of the cervical spine revealed spasms, especially on the right side. Range of motion of the neck was full flexion and extension. The range of motion lateral to the left and right was 75% of normal, and lateral bending was 50% of normal to the left and right. The injured worker had a treatment plan for continuing medications, following up with psychotherapy, and re-checking in 6 weeks. The provider's rationale for the request was not provided within the documentation. The Request for Authorization for medical treatment was dated 10/22/2013, submitted within this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with a PM & R (Physical Medicine and Rehabilitation) (cervical, back):**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Pain, Office Visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

**Decision rationale:** The request for a consultation with a PM&R (cervical, back) is not medically necessary. The Official Disability Guidelines state office visits are recommended as determined to be medically necessary. Evaluation and management outpatient office visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of the injured worker, and they should be encouraged. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates or medicines such as antibiotics require close monitoring. ODG does provide guidance for therapeutic office visits not included among the evaluation and management codes, for example, chronic manipulation and physical/occupational therapy. The injured worker's clinical evaluation on 12/27/2013 fails to provide significant objective functional deficits and motor strength numbers. The treatment plan does not indicate a rationale for a consultation with PM&R. The guidelines indicate office visits for evaluation and management based on the clinical needs, concerns, symptoms, or instability, based on reasonable physician judgment. The evaluation of the cervical spine and back area lacks support for medical necessity for a PM&R consultation. Therefore, the request for a consultation with a PM&R (cervical, back) is not medically necessary.