

Case Number:	CM13-0062906		
Date Assigned:	01/03/2014	Date of Injury:	04/28/2010
Decision Date:	06/25/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/09/2013

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 Texas. 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 63-year-old male who reported an injury on 04/28/2010. The mechanism of injury was not submitted. Diagnoses include post cervical fusion pain and cervical radiculopathy. The claimant complained of increased neck pain and reported that he was recommended for hardware removal. The claimant rated his pain at 8/10. Medications included Neurontin, Norco, Ambien, and Mobic. The physical examination of the cervical spine revealed range of motion with flexion 10 degrees, extension 5 degrees, and lateral rotation 10 degrees. Deep tendon reflexes were 1+ in the bilateral biceps, triceps, and brachioradialis. Motor strength was decreased in the left hand grip. Sensation was decreased in the bilateral hands. There was a well healed scar from the previous anterior and posterior cervical fusion. There was tenderness to palpation over the cervical paraspinal muscles. The claimant was encouraged to increase physical activities and recommended a follow-up appointment in 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW-UP OFFICE VISITS (2 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)

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

Decision rationale: California MTUS/ACOEM Guidelines does not address the request. The Official Disability Guidelines (ODG) state outpatient visits to office of medical doctors play a critical role in proper diagnosis and return to function. The ODG guidelines state office visits are individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability and reasonable physician judgement. As the employee was being treated for cervical radiculopathy with opioid medication, 1 followup office visit would be medically supported. However, the request for 2 followup office visits is not medically supported. The request for two follow up visits are not medically necessary and appropriate.