

Case Number:	CM14-0006544		
Date Assigned:	02/28/2014	Date of Injury:	09/24/2012
Decision Date:	07/08/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/17/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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:

Injured worker is a female with date of injury 9/24/2012. According to the secondary treating physician's progress report dated 10/23/2013, the injured worker reports all symptoms still persistent. No examination was reported other than height and weight. EMG/NCV of lumbar spine and lower extremity on 3/11/2013 is reported as normal with no acute or chronic denervation potentials. Diganoses include cervical and lumbar discopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 FOLLOW UP WITH PAIN MANAGEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Hyperalgesia section Page(s): 96.

Decision rationale: The MTUS and ACOEM guidelines provide many recommendations for pain management follow up, usually in the context of increasing opioid use or chronic pain that continues to be uncontrolled despite physical modalities and incremental dose increases of medication. The requesting provider does not document anything that indicates there is need for follow up with pain management. In addition, the orthopedic panel qualified medical

evaluation dated 11/2/2013 does not describe a patient in need of pain management follow up. The injured worker's complaints include 1) stress, anxiety, depression and feeling sad 2) low back pain 3) neck pain 4) midback pain 5) stomach pain. Physical exam and opinion by the orthopedic surgeon does not identify dysfunction that would benefit from additional physical therapy, acupuncture or injections. The request for 1 follow up with pain management is determined to not be medically necessary.

1 FOLLOW UP IN 2 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: According to the ACOEM guidelines, it is often warranted to provide frequent follow-up visits even when the medical condition is not expected to change appreciably from week to week for monitoring and to provide structure and reassurance. However, according to the orthopedic panel qualified medical evaluation dated 11/2/2013 the injured worker has reached maximum medical improvement and additional therapy is not indicated. Additionally, the clinical documentation provided by the requesting provider does not indicate that any physical exam beyond height and weight measurement was done, and no therapy was provided. Prior visits to the requesting provider also do not provide any evidence of supportive therapy or care that might be considered medically necessary. The request for 1 follow up in 2 months is determined to not be medically necessary.

1 FOLLOW UP WITH MD FOR PAIN MEDS: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Hyperalgesia section Page(s): 96.

Decision rationale: The MTUS and ACOEM guidelines provide many recommendations for medication management. The requesting provider does not report any medication use, however it is noted in the orthopedic panel qualified medical evaluation dated 11/2/2013 that the injured worker is taking several medications. Since the requesting provider is not managing the medication regimen, it is necessary for the injured worker to have a follow up with a physician that can prescribe medication refills if needed. The request for 1 follow up with MD for pain meds is determined to be medically necessary.