MAXIMUS Federal Services

Case Number:	CM14-0009119		
Date Assigned:	02/12/2014	Date of Injury:	09/24/2012
Decision Date:	08/07/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/21/2014

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 patient is 32-year-old female who has submitted a claim for cervical and lumbar discopathy associated with an industrial injury date of September 24, 2012. Medical records from 2013 were reviewed, the latest of which dated August 14, 2013 revealed that the patient complained of neck and low back pain. Thoracic and left shoulder pain was also reported. Medications were reported to help temporarily. Physical examination dated May 31, 2013 revealed tenderness at the C5-6 paravertebral muscle regions bilaterally. There is mild pain with flexion and extension. There is tenderness at the L4-S1 paravertebral muscle regions bilaterally. Treatment to date has included acupuncture, transcutaneous electrical nerve stimulation (TENS), chiropractic treatment, physical therapy, and medications that include Wellbutrin, Lunesta, Motrin, Prilosec, Flexeril, Cartivisc and topical creams. Utilization review from January 3, 2014 denied the request for 1 follow up with pain management because records did not document that treatment had been provided and there was no scheduled or completed treatment. Utilization review also denied the request for 1 follow up in two months because the records did not document any significant pain relief, objective improvement or functional improvement resulting from provided treatment and the concurrent requested treatment was not certified. The request for 1 follow up with MD for pain medication was also denied at this time because there was no documented improvement in reported pain, objective findings or functional status as a result of the dispensed medications and the request for continued use of all the medications have not been certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Chronic pain programs (functional restoration program) Page(s): 31-32.

Decision rationale: Chronic Pain Medical Treatment Guidelines note that continued functional restoration program (FRP) participation is supported with demonstrated efficacy as documented by subjective and objective gains. Additionally, guidelines state that total treatment duration should generally not exceed 20 sessions without a clear rationale for the specified extension and reasonable goals to be achieved. The records submitted do not document that pain management has been provided. A reevaluation report dated April 29, 2013 reveals the patient was seen for diagnostic facet medial nerve block for neck pain; however, there was no documentation of the procedure and outcome. Moreover, the number of visit was not specified in the request. As such, the request is not medically necessary.

FOLLOW UP IN TWO MONTHS: Upheld

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

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

Decision rationale: ODG states that evaluation and management of outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The patient has a diagnosed case of cervical and lumbar discopathy. She has received conservative treatment such acupuncture, TENS, chiropractic treatment, physical therapy, and medications. However, the request did not specify if the follow up is for the physical or psychological complaints. Moreover, the number of visits was not specified in the request. The medical necessity for follow up was not established. Therefore, the request is not medically necessary.

FOLLOW UP WITH MD FOR PAIN MEDS: Upheld

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

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

Decision rationale: ODG states that evaluation and management of outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The patient has been on multiple pain medications with minimal pain relief or functional improvement. Also, there is no urine drug screening done to monitor compliance and detect aberrant drug use. Moreover, the number of visits was not specified in the request. As such, the request is not medically necessary.