

<b>Case Number:</b>	CM14-0009870		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Family Practice, and is licensed to practice in Tennessee, California, and Virginia. 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 32-year-old female who sustained an injury to her neck on 9/24/12. The mechanism of injury was not documented. An MRI of the cervical spine with flexion and extension views dated 1/30/13 revealed mild disc desiccation at C2-3; C3/4, 2.1 mm extension neutral, 1.1 mm flexion broad-based posterior disc bulge, mild bilateral neuroforaminal narrowing, moderate spinal canal narrowing, mild disc desiccation with associated loss of disc height; C4-5, 2.1 mm neutral, 2.1 mm extension, 1.1 mm flexion mild broad-based posterior disc bulge with mild bilateral neural foraminal narrowing, moderate spinal canal narrowing, mild disc desiccation and mild associated loss of disc height; C5-6, 2.1 mm neutral, 2.1 mm extension, 1.1 mm flexion, mild broad-based posterior disc bulge with mild bilateral neuroforaminal narrowing, moderate spinal canal narrowing, mild disc desiccation and mild associated loss of disc height. Physical examination noted midline tenderness extending from C2 through C6; bilateral cervical facet tenderness noted at C2-3 through C5-6, right more than left; bilateral trapezius tenderness noted; and cervical spine movements still remain painful.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FOLLOW UP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 8 (NECK AND UPPER BACK COMPLAINTS), 177

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

**Decision rationale:** The MTUS/ACOEM does not address this issue, so the Official Disability Guidelines (ODG) were used instead. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The previous request was denied on the basis that the records did not document any significant pain relief, objective improvement or functional improvement resulting from the dispensed treatment. There was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given the clinical documentation submitted for review, medical necessity of the request for follow-up visit has not been established.

**FOLLOW UP WITH MD FOR PAIN MANAGEMENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 8 (NECK AND UPPER BACK COMPLAINTS) , 177

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

**Decision rationale:** The MTUS/ACOEM does not address this issue, so the Official Disability Guidelines (ODG) were used instead. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The previous request was denied on the basis that there was no documented improvement in reported pain, objective findings or or functional status as a result of the utilized medications. There was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given the clinical documentation submitted for review, medical necessity of the request for follow-up visit with medical doctor for pain medications has not been established.

**FOLLOW UP WITH MD FOR PAIN MEDS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 8 (NECK AND UPPER BACK COMPLAINTS), 177

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

**Decision rationale:** The MTUS/ACOEM does not address this issue, so the Official Disability Guidelines (ODG) were used instead. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The previous request was denied on the basis that the records indicated that the set blocks were recommended, but it did not appear that they were scheduled or completed. There was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given the clinical documentation submitted for review, medical necessity of the request for follow-up visit with pain management has not been established.