

Case Number:	CM14-0012670		
Date Assigned:	02/21/2014	Date of Injury:	07/19/2011
Decision Date:	07/29/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	01/31/2014

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 a 59-year-old male who has submitted a claim for cervical myelopathy associated with an industrial injury date of July 19, 2011. The medical records from 2012-2014 were reviewed. The patient complained of hand pain and brain fogging. The hand pain was sensitive to use, right more than the left. The arms feel like hanging off. His body felt like he was drunk after hours of being up. There was also noted pins and needles sensation on the back. Physical examination showed weak right upper extremity in the palmar interosseous muscles. The thumb and first finger appear to be full strength in the left upper extremity and 4/5 in the right upper extremity. He has joint swelling in the knuckles of his right hand. Hyperreflexia of the brachioradialis was noted on both sides. Imaging studies were not made available for review. The treatment to date has included medications, physical therapy, septoplasty and nasal polypectomy, cervical discectomy and fusion at C5-C6, and activity modification. A utilization review, dated January 28, 2014, denied the request for follow up visit because there was no clinical documentation from the neurosurgeon or primary care physician indicating that there has been any change in neurologic function, and there was no documentation with the patient's current subjective complaints or objective findings to support the need for the expertise of a neurosurgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW UP VISIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, 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 Section, Office Visits.

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management outpatient visits to the offices of medical doctor 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. In this case, patient was last seen by a neurosurgeon on February 6, 2014. Beneficial effects from previous anterior cervical discectomy and fusion at C5-C6 were assessed. An MRI scan of the neck was requested to evaluate whether the patient has adjacent segment disease, specifically at C6-C7 and C4-C5. The medical necessity for follow-up has been established to go over the MRI results. However, the request failed to specify as to what service the patient is going to have to follow up with and the quantity of office visits needed for this case. The request is incomplete as submitted. Therefore, the request for follow-up visit is not medically necessary.