

<b>Case Number:</b>	CM14-0013269		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	05/27/2012
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 62-year-old female who reported an injury on 05/27/2012. The injured worker's mechanism of injury was noted to be repetitive job duties. Her prior treatments were noted to be physical therapy, medications, acupuncture, and home exercise. Her diagnoses were noted to be cervical strain, neuropathic pain, and low back pain. The injured worker had a clinical evaluation on 01/03/2014. The injured worker's complaints were noted to be cervical radicular pain rated at 5/10 to 8/10, sharp and radiating to the bilateral shoulders. The physical examination findings included tenderness to palpation along the cervical spinous process and tenderness to palpation of the spinous process lower lumbar region radiating to bilateral legs. There was also mild tenderness to palpation of the bilateral paraspinous musculature. The treatment plan included medications and a review of an MRI. The provider's rationale for the request was not provided within the documentation. The request for authorization for medical treatment was not provided within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PAIN MANAGEMENT VISITS X5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for pain management visits x 5 is not medically necessary. The Official Disability Guidelines recommend office visits as determined to be medically necessary. Evaluation and management of outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. 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 determination is also based on what medications the patient is taking, since some medications such as opiates or medicines such as certain antibiotics require close monitoring. Based on the most recent clinical evaluation dated 01/03/2014, the injured worker does not have an adequate pain assessment. It is not noted in the treatment plan that the injured worker is being referred for pain management visits. The documentation fails to meet criteria for a medical necessity for pain management visits according to the Official Disability Guidelines. Therefore, the request for pain management visits x 5 is not medically necessary.