

Case Number:	CM14-0014446		
Date Assigned:	02/21/2014	Date of Injury:	12/11/2010
Decision Date:	06/26/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/05/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas. 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:

The injured worker is a 49-year-old female who reported an injury on 12/11/2010 secondary to a fall. The clinical note dated 12/11/2013 reported the injured worker complained of pain to her neck, upper and lower back, left elbow and head. The physical examination revealed the injured worker had intact sensation to the left lateral shoulder, left index tip and the left dorsal thumb. There was diminished sensation to the left small tip. The diagnoses included cervical and thoracic spine strain, left shoulder internal derangement, lumbar spine disc rupture and left cubital tunnel syndrome. The treatment plan included recommendations for acupuncture and aquatic therapy for the cervical spine, thoracic spine, lumbar spine and left shoulder. Further recommendations included an interferential unit and a seat cushion for coccyx support. There were also recommendations for follow-up visits with internal medicine, pain medicine and an orthopedist. The Request for Authorization was submitted on 12/11/2013. A clear rationale was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW UP FOR THE CERVICAL SPINE: 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), Neck and Upper Back, Office Visits.

Decision rationale: The request for follow-up for the cervical spine is not medically necessary. The injured worker has a history of chronic pain to her neck, upper and lower back, and shoulder. The Official Disability Guidelines recommend office visits as determined to be medically necessary. The guidelines also indicate 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 medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The clinical information provided for review lacked a complete assessment of the injured worker's signs and symptoms and functional deficits related to the lumbar spine. The injured worker's prescribed medications were not provided within the medical records; it was unclear if the injured worker was utilizing medications which require close monitoring. Therefore, the request for followup for the cervical spine is not medically necessary.