

Case Number:	CM14-0112783		
Date Assigned:	09/18/2014	Date of Injury:	06/27/2008
Decision Date:	11/17/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/18/2014

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 Alabama. 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 54 year old female who was injured on 06/27/2008. The mechanism of injury is unknown. Prior treatment history has included Norco, Relafen, Flomax, cyclobenzaprine, omeprazole, simvastatin, atenolol and metformin. Progress report dated 06/03/2014 states the patient complained of low back pain, neck pain and right upper extremity pain. She reported his pain is severe in intensity and is partially relieved by the use of analgesic medications and injections which has provided her with 50% relief of symptoms. She reported his pain as a 7/10. On exam, she had decreased range of motion of the cervical spine and muscle strength is reduced in the wrist extensors. There is tenderness noted in the cervical and lumbar spinal regions. The patient is diagnosed with cervical disc displacement without myelopathy, muscle spasm, cervical spondylosis with myelopathy, lumbosacral spondylosis without myelopathy, cervicalgia, and osteoarthritis. The patient has been recommended for a referral to a pain management specialist for management of medications. Prior utilization review dated 06/27/2014 states the request for 3 Bi-monthly visits with pain management specialist is modified for 3 bi-monthly visits to address the need for medication monitoring.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Bi-monthly visits with pain management specialist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS

Citation Official Disability Guidelines (ODG), Neck & Upper Back (updated 5/30/14)Office visits

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Independent Medical Examinations And Consultations Page(s): 503-524.

Decision rationale: The above ODG guidelines for neck pain office visits states "Recommended as determined to be medically necessary". 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... require individualized case review and assessment." In this case, the request is for 3 bi-monthly visits with pain management specialist. The definition of "bimonthly" as per Merriam Webster online (current as of 10/2014) states "1) occurring every two months 2) occurring twice a month." It is unclear which definition is to be used in this case, so I will use first definition "occurring every two months". Given that the patient has a prescription for "norco 10/325 tablet mg sig: 1-2 tid prn QTY: 180" as of office visit on 6/3/14, this dosage and schedule would provide for 1-2 months of norco. This is consistent with a bimonthly visit to pain management clinic using the definition "occurring every two months." Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request for Bi-Monthly Visits With Pain Management Specialist is medically necessary.