MAXIMUS Federal Services

Case Number:	CM14-0155896		
Date Assigned:	09/25/2014	Date of Injury:	04/16/2010
Decision Date:	10/27/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/23/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 59-year-old female with a 4/16/10 date of injury. At the time (8/11/14) of request for authorization for Pain Management Re-evaluation in 6 weeks x1, there is documentation of subjective (constant severe neck pain) and objective (tenderness to palpation over the cervical spine with decreased range of motion and positive Spurling's sign) findings, current diagnoses (cervical spine radiculopathy), and treatment to date (medications and cervical epidural injections x2 with 50% improvement for 6 weeks). Medical report identifies a request for medication refills, cervical epidural steroid injection at C6-7, and follow-up in 6 weeks. There is no documentation that appreciable healing or recovery can be expected; and that an office visit is based upon a review of the patient concerns, signs and symptoms, and clinical stability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Re-evaluation in 6 weeks x1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office visits

Decision rationale: MTUS reference to ACOEM guidelines that physician follow-up generally occurs when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected, on average. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of a diagnosis of cervical spine radiculopathy. However, despite documentation of a request for medication refills, cervical epidural steroid injection at C6-7, and follow-up in 6 weeks, and given no documentation of certification of the associated requests, there is no documentation that appreciable healing or recovery can be expected; and that an office visit is based upon a review of the patient concerns, signs and symptoms, and clinical stability. Therefore, based on guidelines and a review of the evidence, the request for Pain Management Re-evaluation in 6 weeks x1 is not medically necessary.