

Case Number:	CM14-0175969		
Date Assigned:	10/29/2014	Date of Injury:	09/19/2008
Decision Date:	12/05/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/23/2014

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 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:

This is a 58-year-old male with a 9/19/08 date of injury. A progress note dated 10/13/14 was provided for review, however, it is handwritten and largely illegible. The patient rated his pain as a 7/10. The provider has requested a follow-up with the surgeon. The provider has recommended that the patient continue with bone stimulation. Objective findings: decreased range of motion of cervical spine. Diagnostic impression: cervical disc degeneration, cervical disc displacement. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 10/10/14 denied the requests for pain management follow up and modified the request for follow up for 6 sessions with orthopedic surgeon to 1 session. Regarding pain management, there is no pain management consult or report available to determine if follow-up with pain management is appropriate or necessary. Regarding follow up with orthopedic surgeon, it is appropriate for the patient to see his orthopedic surgeon x1 to go over the results of the cervical spine x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management follow up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations, page 127

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

Decision rationale: CA MTUS does not address this issue. ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) 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. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. However, in the present case, it is noted that the patient had a pain management consult in 12/6/13. However, a specific rationale as to why this patient requires a follow-up visit was not provided. In addition, the most recent progress notes from the primary treating provider were handwritten and illegible. Therefore, the request for Pain management follow-up was not medically necessary.

Follow up for six sessions with orthopedic surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back, updated 08/04/2014

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

Decision rationale: CA MTUS does not address this issue. ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) 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. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. However, in the present case, this is a request for 6 follow-up sessions with an orthopedic surgeon. The prior UR decision dated 10/10/14 modified this request to certify 1 follow-up visit in order to review the patient's recent x-rays. A specific rationale as to why this patient would require 6 visits at this time was not provided. In addition, the most recent progress notes from the primary treating provider were handwritten and illegible. Therefore, the request for Follow up for six sessions with orthopedic surgeon was not medically necessary.