

Case Number:	CM14-0023639		
Date Assigned:	05/12/2014	Date of Injury:	02/08/2009
Decision Date:	08/07/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/24/2014

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 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:

The injured worker is a 47 year old female who sustained an injury to her neck on 02/08/09. Mechanism of injury was not documented. Clinical note dated 12/18/13 reported that the injured worker continued to complain of chronic pain in the neck, mid back, and low back with pain involving the bilateral shoulders and right at 8/10 visual analog scale. Physical examination noted decreased range of motion of the cervical spine secondary to pain; positive cervical tenderness and paraspinous muscle spasm; positive trapezius tenderness and spasming; positive upper thoracic and paraspinous muscle spasming; sensation intact over all dermatomes of the upper extremities and lower extremities; reflexes 1+ bilaterally symmetric in upper extremities/lower extremities. The injured worker was given Gabapentin for numbness and advised to return to clinic in four weeks for evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ORTHOPEDIC PHYSICIAN OFFICE VISITS X 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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: The Official Disability Guidelines state that the need for clinical office visit with healthcare provider is individualized based upon review of the patient's concerns, clinical stability, and reasonable physician judgement; however, there was no information provided indicating why an additional six orthopedic physician office visits would need to be pre-certified. Due to lack of continued ongoing objective gains, the care in question is not supported as medically appropriate. Given this, the request for additional orthopedic physician office visits x 6 is not indicated as medically necessary.