

Case Number:	CM14-0038460		
Date Assigned:	06/27/2014	Date of Injury:	04/29/2004
Decision Date:	08/22/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/01/2014

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 63 year old patient had a date of injury on 4/29/2004. The mechanism of injury was lifting and shipping items for his work repetitively. He stated he had right/left shoulder pain that required treatment including surgery. On a physical exam dated 1/23/2014, the patient complains of neck pain b/l arm pain numbness. Objective findings include tenderness, decreased ROM. Diagnostic impression shows cervical spondylosis, sprain lumbar region, rotator cuff rupture. Treatment to date: medication therapy, behavioral modification, physical therapy. A UR decision on 3/18/2014 denied the request for pain management for medications to evaluate for medication management/pain medication therapy, stating ODG-TWC pain procedure summary notes that office visits are recommended as determined to be medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. In this case, the claimant has ongoing complaints regarding the neck with pain rated 8/10. Therefore, the medical necessity of pain management for medications is established. Recommend modification of request for pain management for medications x1 visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation for Medication/Pain Management Therapy.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Pain Procedure Summary (last updated 01/07/2014), Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 pp 127, 126 Official Disability Guidelines (ODG) pain chapter.

Decision rationale: MTUS does not address this issue. Office visits are recommended as determined to be medically necessary. 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, and they should be encouraged. 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. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. 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. On a note dated 2/19/2014, the patient clearly is on numerous muscle relaxants as well as narcotics that would necessitate clinical office visits for consultation. However, there was no clear documentation as to the number of visits, frequency, or time period being requested. Therefore, the request for medication/pain management therapy is not medically necessary.