

<b>Case Number:</b>	CM14-0051846		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	05/04/2009
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 5/4/09 date of injury. At the time (3/26/14) of request for authorization for Psyche follow up visit, Pain Medicine follow up visit, and Orthopedist follow up visit, there is documentation of subjective (neck pain, upper back pain, and bilateral shoulder pain) and objective (diminished sensation over the left lateral shoulder, left index finger, left dorsal thumb and right small finger) findings, current diagnoses (cervical spine disc rupture, thoracic spine disc bulges, failed right shoulder surgery, and left shoulder strain), and treatment to date (acupuncture, physical therapy, and medications). There is no documentation that a diagnosis is uncertain or extremely complex, that psychosocial facts are present, or that the plan or course of care may benefit from additional expertise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psyche follow up visit.:** 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 in Workers' Compensation, Mental Illness & Stress Procedure Summary last updated 3/14/2014.

**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) Independent Medical Examinations and Consultations, page(s) 127; Official Disability Guidelines (ODG) Pain Chapter, Office visits.

**Decision rationale:** MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. 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 diagnoses of cervical spine disc rupture, thoracic spine disc bulges, failed right shoulder surgery, and left shoulder strain. However, given no documentation of subjective/objective findings of psychological complaints; and a rationale for the requested psyche follow up visit, there is no documentation that a diagnosis is uncertain or extremely complex, that psychosocial facts are present, or that the plan or course of care may benefit from additional expertise. Therefore, based on guidelines and a review of the evidence, the request for psyche follow up visit is not medically necessary.

**Pain Medicine follow up visit.:** 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 in Workers' Compensation, Pain Procedure Summary last updated 3/18/2014.

**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) Independent Medical Examinations and Consultations, page(s) 127; Official Disability Guidelines (ODG) Pain Chapter, Office visits.

**Decision rationale:** MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. 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 diagnoses of cervical spine disc rupture, thoracic spine disc bulges, failed right shoulder surgery, and left shoulder strain. However, given no documentation of a rationale for the requested pain medicine follow up visit, there is no documentation that a diagnosis is uncertain or extremely complex, that psychosocial facts are present, or that the plan or course of care may benefit from additional expertise. Therefore, based on guidelines and a review of the evidence, the request for pain medicine follow up visit is not medically necessary.

**Orthopedist follow up visit.:** 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 in Workers' Compensation, Pain Procedure Summary.

**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) Independent Medical Examinations and Consultations, page(s) 127; Official Disability Guidelines (ODG) Pain Chapter, Office visits.

**Decision rationale:** MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. 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 diagnoses of cervical spine disc rupture, thoracic spine disc bulges, failed right shoulder surgery, and left shoulder strain. However, given no documentation of a rationale for the requested orthopedist follow up visit, there is no documentation that a diagnosis is uncertain or extremely complex, that psychosocial facts are present, or that the plan or course of care may benefit from additional expertise. Therefore, based on guidelines and a review of the evidence, the request for orthopedist follow up visit is not medically necessary.