

Case Number:	CM14-0061435		
Date Assigned:	07/09/2014	Date of Injury:	04/04/2007
Decision Date:	08/29/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/02/2014

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 Colorado. 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 54 year old male who fell 14 feet from a ladder, onto his right side and hip on 4/4/2007. He has had ongoing problems since then including chronic pain, lower back pain, sacroiliac joint sprain, neck pain, right hip greater trochanteric bursitis, myalgia, myositis, depression, and morbid obesity. He has a history of diabetes, hyperlipidemia, and hypertension. The injured worker has had treatment including physical therapy, trigger point injections, sacral nerve blocks, cervical medial branch blocks, psychiatric and continued pain management services. The most recent pain management medication follow up on 4/15/14 reports moderate to severe back pain, stable, upper back, lower back and neck pain radiating into right buttock and calf. The exam was positive for reported anxiety, depression, weakness, dizziness, memory deficits, and extremity numbness. From reviewing earlier records, the injured worker has had continued procedures and medications denied. On 1/20/14, a psychiatric follow up noted that the individual complained of additional pain since his medications were lowered. He reported having better controlled diabetes but has increased weight, due to an increased appetite. He also reported that he was unable to enjoy anything. He is currently taking Cymbalta 60mg and Abilify at night. Cervical magnetic resonance imaging scan shows cervical spondylosis with degenerative joint disease, degenerative disc disease, and facet arthropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Follow-Up Visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-90.

Decision rationale: The request is for 6 follow up visits from an injury dated 7 years ago, regarding neck pain, as well as mid and low back pain. The individual is diagnosed with chronic pain but there was no indication of a new injury, specific re-aggravation or change in symptoms. The most recent clinic note on 4/15/14 noted that there were no abnormal clinical findings. The medical treatment guidelines do not support ongoing physical therapy without clinical findings or functional limitations that support additional therapy. Thus, the request does not meet the criteria of the guidelines and is considered not medically necessary.