

<b>Case Number:</b>	CM14-0079222		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	02/05/2004
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 Texas. 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 56 year old male who reported an injury to his cervical region. The clinical note dated 06/06/12 indicates the injured worker having difficulty with completing his activities of daily living secondary to ongoing strength deficits. The injured worker reported intermittent neck pain with associated headaches. The pain was aggravated with flexion, extension, and bending the neck. The clinical note dated 04/21/14 indicates the injured worker complaining of worsening neck pain. The injured worker also reported difficulty maintaining his sleep hygiene. The injured worker rated the ongoing pain as 6-8/10. The note indicates the injured worker utilizing Ambien as well as Norco for pain relief. The injured worker was identified as having diminished reflexes in the lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Office visits 12 times a year:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**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) IME and Consultations, Page 503.

**Decision rationale:** The request for 12 office visits a year is non-certified. The documentation indicates the injured worker complaining of ongoing neck pain with associated functional deficits. Office visits are indicated for injured workers in need of further assessments and for drug monitoring. There is an indication the injured worker is undergoing the use of Norco. However, it is unclear if the injured worker would require a total of 12 visits over a course of 1 year. Therefore, this request is not indicated as medically necessary.

**Urine drug test 4 times a year:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** The injured worker has been identified as utilizing Norco for pain relief. Given the continued use of opioid therapy, a urine drug screen is indicated. However, it is unclear if the injured worker would require additional urine drug screens over the course of a year. Therefore, this request is not indicated as medically necessary.