

Case Number:	CM14-0081892		
Date Assigned:	07/18/2014	Date of Injury:	02/09/2001
Decision Date:	08/26/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/03/2014

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 63-year-old female with a 2/9/01 date of injury. At the time (4/30/14) of the request for authorization for six (6) follow-up visits with the Pain Management, there is documentation of subjective (back pain, upper back, lower back, right flank, legs, neck, thighs, and head) and objective (pericervical tenderness, positive axial compression, decreased cervical spine range of motion, antalgic gait, weaker grip strength, thenar eminence atrophy) findings. Current diagnoses is degenerative disc disease cervical, myalgia and myositis unspecified, neck pain, chronic pain syndrome, COAT, depression, and unspecified psychosis. Treatment to date includes ice, rest, medication, and injections. There is no documentation of a statement identifying the medical necessity as to why six follow-up visits are necessary for the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) follow-up visits with the Pain Management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 - Independent Medical Examinations and Consultations, Page 127.

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 degenerative disc disease cervical, myalgia and myositis unspecified, neck pain, chronic pain syndrome, COAT, depression, and unspecified psychosis. However, there is no documentation of a statement identifying the medical necessity as to why six follow-up visits are necessary for the patient. Therefore, based on guidelines and a review of the evidence, the request for six (6) follow-up visits with the Pain Management is not medically necessary.