

Case Number:	CM14-0094342		
Date Assigned:	08/06/2014	Date of Injury:	05/10/2011
Decision Date:	09/10/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/20/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The injured worker is 45 years-old with an injury date on 05/10/2011. Patient complains of numbness in right side of the head, with sharp pain radiating into right frontal forehead, right paracervical pain radiating into suboccipital area along C6 distribution and along the right upper extremity occasionally involving right thumb per 04/17/2014 report. Patient also reports occasional dizziness and nausea per 04/17/2014 report. Based on the 04/17/2014 progress report provided by [REDACTED]; the diagnoses include neuralgia, headache, cervicgia, spasm of muscle, spasmodic torticollis, and cervical spondylosis without myelopathy. Exam on 05/08/2014 indicated that the head is tender over right temporal region. Deep tendon reflexes are 1+ on right side and 2+ on the left with significant weakness in grip strength and extension/flexion of right arm. Patient also noted with myofascial tenderness along trapezius bilaterally. [REDACTED] is requesting follow up visit with internist. The utilization review determination being challenged is dated 06/16/2014 and rejects request as patient has already had neurological consult, and has a follow-up with pain management and with the provider scheduled in a week. [REDACTED] is the requesting provider, and he provided treatment reports from 12/27/2013 to 05/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit with internist: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter.

Decision rationale: This patient presents with headaches, neck pain radiating into right upper extremity. The physician has asked for a follow up visit with an internist but the date of the request is not known. Review of the 05/08/2014 report shows neurological evaluation was completed. Review of the reports show patient's primary physician, [REDACTED], is an internist. Regarding office visits, the ODG head chapter recommends 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. In this case, requested follow up visit with an internist (which is the patient's primary physician) appears reasonable for patient's ongoing treatment for traumatic head injury. This request is considered medically necessary.