

<b>Case Number:</b>	CM14-0190487		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	01/15/1994
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 Family Practice, and is licensed to practice in Ohio. 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 64 year old female with a date of injury of 1/15/1994. She had a slip and fall injury resulting in a fractured mandible which has required numerous surgeries. She has chronic neck, jaw, and back pain. Her pain condition does not require medication ordinarily but exacerbations have been treated with oxycodone and oxycontin at bedtime. The physical exam reveals tenderness to palpation of the temporomandibular joints, the trapezius muscles, the rhomboids, and the lumbar paraspinal muscles. She can open her jaw only 30 degrees. There is diminished cervical and lumbar range of motion. The diagnoses include chronic pain condition due to trauma, late effect of a fracture, and strains of the cervical, thoracic, and lumbar spines. At issue is a request to transfer care to a pain management/physiatry physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Transfer of Care to Physiatry Pain Management:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Office Visits

**Decision rationale:** Office visits are recommended 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. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this instance, the injured worker has a chronic pain syndrome and is being referred to a pain physician for management. The injured worker is taking an unusual regimen of medication to include short and long-acting opiates at bedtime, being used on a 'prn' basis. It appears the added expertise from a pain management physician to monitor and likely adjust her medication regimen would be beneficial. Therefore, Transfer of Care to a Psychiatry Pain Management is medically appropriate and necessary.