

Case Number:	CM14-0193171		
Date Assigned:	11/26/2014	Date of Injury:	03/11/2005
Decision Date:	01/13/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/18/2014

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 Internal Medicine 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:

Pursuant to the last office visit note available for review dated July 4, 2014, the subjective documentation states MRI denied, pain management approval awaits extension. The objective findings document, "no change". The progress report dated May 21, 2014, subjective and objective documentations indicate, "no change". Notes indicated that the IW is taking Norco, Lunesta, and Neurontin. Utilization Review documentation indicated that on June 19, 2014, the Injured Worker (IW) was certified for a pain clinic consult, with expiration of August 11, 2014. On September 10, 2014, the MD requested an extension on the expiration date of the consult as the IW did not have the appointment. The provider is requesting the IW be seen every six weeks for management of cervical spine condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office Visit Every Six Weeks For Management of Cervical Spine Condition: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: Pursuant to the Official Disability Guidelines, office visit every six weeks for management of cervical spine condition is not medically necessary. Office visits are recommended as determined to be medically necessary. Evaluation and management outpatient visits to physician offices play a critical role in the proper diagnosis and return to function of an injured worker and should be encouraged. The need for an office visit is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. This determination includes medications being taken that require close monitoring. In this case, the workers a 58-year-old with an injury date of March 11, 2005. Treatments to date include medications, physical therapy and aquatic therapy in addition to injections. The working diagnosis was cervical disc degeneration. A progress note dated May 21, 2014 indicated the injured worker symptoms were unchanged. The injured worker was taking Norco, Lunesta and Neurontin. A pain evaluation was approved however, the injured worker did not seek the consultation. A physical examination dated July 2, 2014 indicated physical findings were unchanged. There is no documentation in the medical record indicating a change in the clinical condition of the injured worker. Consequently, there is no clinical indication for an office visit every six weeks when the clinical condition remains unchanged and the symptoms remain unchanged. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Office Visits Every Six Weeks For Management Of Cervical Spine Condition is not medically necessary.