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| Case Number: | CM15-0105605 | | |
| Date Assigned: | 06/09/2015 | Date of Injury: | 12/28/1994 |
| Decision Date: | 07/10/2015 | UR Denial Date: | 05/12/2015 |
| Priority: | Standard | Application Received: | 06/01/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

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 59 year old male who sustained an industrial injury on 12/28/94. Initial complaints and diagnoses are not available. Treatments to date include Maxalt and Xeomin injections. Diagnostic studies are not addressed. Current complaints include migraines. Current diagnoses are not addressed. In a progress note dated 02/27/15 the treating provider reports the plan of care as continued Maxalt and Xeomin injections every 10 weeks. The requested treatment is an office visit every 10 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office visit every 10 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Head Procedure Summary last updated 1/21/2015 Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Office Visits 82-92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. 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 case, the claimant was being managed with Maxalt and Xeomin likely for headaches and neck pain. Although monitoring of the claimant's condition and need for office visits for injections may be needed, the request for visits every 10 weeks without limit and without prediction of future response is not justified and not medically necessary.