

Case Number:	CM15-0132393		
Date Assigned:	07/20/2015	Date of Injury:	07/24/2014
Decision Date:	08/17/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/08/2015

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: North Carolina
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:

This 42 year old woman sustained an industrial injury on 7/24/2014 after tipping over in a chair and bracing the fall with her arm. Diagnoses include cervical spine myospasm, right neck myofascial pain syndrome, and sleep disturbance secondary to chronic pain. Treatment has included oral medications, physical therapy, and acupuncture. Physician notes from the pain management physician on a PR-2 dated 6/15/2015 show complaints of right shoulder and neck pain. Recommendations include right shoulder and cervical spine MRIs and six more follow up visits with pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up pain management visits x6: Upheld

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

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

Decision rationale: The California MTUS, and the ACOEM do not specifically address the requested service. The ODG states follow up evaluations are based on ongoing need as evidenced by response to treatment and continuation of symptoms and complaints. The request is for 6 follow up visits. As future need cannot be determined for that many follow up visits, the request cannot be certified. Therefore, the requested treatment is not medically necessary.