MAXIMUS Federal Services

Case Number:	CM15-0133952		
Date Assigned:	08/19/2015	Date of Injury:	01/07/2012
Decision Date:	09/28/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/10/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 48-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of January 7, 2012. In a Utilization Review report dated June 26, 2015, the claims administrator failed to approve requests for a general orthopedic consultation and unknown number of pain management follow-up visits. A May 14, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On July 6, 2015, the applicant reported ongoing complaints of neck pain, 8/10. Ancillary complaints of shoulder and back pain were reported. The applicant was on Morphine, Neurontin, Flexeril, and LidoPro, it was reported. The applicant was asked to continue Neurontin, Flexeril, and Prilosec. The applicant had undergone earlier cervical spine surgery, it was reported. Work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working at this point. In an applicant's questionnaire dated July 16, 2015, the applicant stated that he was not working. On June 4, 2015, the applicant reported heightened complaints of neck and back pain with radiation of pain to upper and lower extremities. LidoPro, Norco, Morphine, Neurontin, and Flexeril were endorsed. On May 14, 2015, the applicant was reporting ongoing complaints of neck and low back pain. Radiation of pain to the upper and lower extremities was noted. The applicant was working on a part-time basis, at a rate of one-hour per day, it was reported. The applicant was described as getting worse. The applicant was apparently asked to consult an orthopedist and obtain pain management followup visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 general orthopedic consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints, which prove recalcitrant to conservative management, should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant had ongoing, longstanding neck and lower back pain complaints status post earlier unsuccessful cervical spine surgery. Obtaining the added expertise of a practitioner in another specialty, such as an orthopedist was, thus, indicated to formulate other treatment options, including possible surgical options. Therefore, the request was medically necessary.

Unknown pain management follow-up visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: Conversely, the request for an unknown number of pain management follow-up visits was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 5, page 79 does acknowledge that frequent follow-up visit are "often warranted" even in those applicants whose conditions are not expected to change appreciably from visit to visit or week to week, here, however, the request, as written, was inherently ambiguous. The precise number of follow-up visits being sought was not detailed. Therefore, the request was not medically necessary.