

Case Number:	CM15-0143458		
Date Assigned:	08/04/2015	Date of Injury:	11/20/2008
Decision Date:	09/01/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 55 year old male with an industrial injury dated 11-20-2008. The injured worker's diagnoses include status post cervical spine fusion, dysphagia, status post right shoulder surgery, lumbar spine sprain and strain and weight loss. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 06-17-2015, the injured worker reported frequent to constant neck pain and difficulty with speaking and swallowing fluids and food secondary to esophageal constriction. The injured worker rated neck pain a 5 out of 10. The injured worker also reported lower back pain and upper back pain rated 5 out of 10. Objective findings revealed rough and labored speech, tenderness over the midline of the thoracolumbar, bilateral thoracolumbar paraspinal muscles with muscle spasms and myofascial trigger points. Tenderness in the cervical spine was also noted on exam. Treatment plan consisted of extension of approval for transfer of care, referral, continued treatment, medications and reevaluation. The treating physician requested services for continued follow-up for medication and continued current medication, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued follow-up for medication management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines , 2nd Edition, 2004, Chapter 7, page 127 Independent Medical Examinations and Consultations; Official Disability Guidelines (ODG) Forearm, Wrist, and Hand, Acute & Chronic (updated 06/29/2015).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Office visits.

Decision rationale: Continued follow-up for medication management is not medically necessary per the MTUS ACOEM and the ODG guidelines. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The ODG states that 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 request is not clear on a quantity of follow-up visits, or with whom or what specialty the follow-up is for. Without clarification on this request, it cannot be certified as medically necessary.

Continued current medication: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: Continued follow-up for medication management is not medically necessary per the MTUS ACOEM and the ODG guidelines. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The ODG states that 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 request is not clear on a quantity of follow-up visits, or with whom or what specialty the follow-up is for. Without clarification on this request, it cannot be certified as medically necessary.