

Case Number:	CM15-0147958		
Date Assigned:	08/11/2015	Date of Injury:	02/16/2013
Decision Date:	09/10/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/30/2015

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: 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 injured worker is a 33 year old female who sustained an industrial/work injury on 2-16-13. She reported an initial complaint of neck and upper and lower back pain. The injured worker was diagnosed as having cervical strain. Treatment to date includes medication, acupuncture, and diagnostics. Currently, the injured worker complained of pain over the cervical, thoracic, and lumbar spine areas. There was numbness and tingling in the distal extremities. Per the primary physician's report (PR-2) on 5-14-15, exam noted mild to moderate cervical paraspinous tenderness from C4 to T1, range of motion of the cervical spine noted flexion at 45 degrees, extension at 35 degrees, and left-right rotation at 70 degrees. The thoracic spine had paraspinous tenderness from T4-T10 with spasms. The Lumbar spine noted paraspinous tenderness from L3-S1 with spasm. The requested treatments include Follow up office visit with CPT codes: 99205 Doctor's visit for the evaluation for comprehensive job, examination, and highly complex medical decision; WC007-32 Consultation Reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up office visit with CPT codes: 99205 Doctor's visit for the evaluation for comprehensive job, examination, and highly complex medical decision; WC007-32 Consultation Reports: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<https://www.cgsmedicare.com/partb/mr/pdf/99205.pdf>.

Decision rationale: MTUS Guidelines do not address this issue. Payment standards do not support the coding requested. CPT 99205 is to be utilized only for highly complex "new" patients. This request is for a follow up visit and not a new patient. In addition, this individual has been declared P&S as is being followed for pain management without any significant changes and would not qualify for the highest level of complexity. Under these circumstances, use of CPT 99205 is not compliant with coding standards and is not medically necessary.