

Case Number:	CM15-0181491		
Date Assigned:	10/02/2015	Date of Injury:	10/13/2010
Decision Date:	11/13/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/16/2015

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: Physical Medicine & Rehabilitation

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 53 year old female, who sustained an industrial injury on 10-13-2010. The injured worker was diagnosed as having shoulder bursitis and cervical disc disorder with myelopathy. Treatment to date has included diagnostics, psychological treatment, right hand surgery in 2013, and right shoulder surgery in 10-2014, physical therapy, acupuncture, and medications. Currently (8-11-2015), the injured worker complains of pain and stiffness in the right neck, upper back, shoulder, arm, wrist, and index and pinky fingers. Right side pain was rated 6 out of 10 and left side pain was rated 3 out of 10. Her average pain was rated 6 out of 10 but escalated to 8-9 out of 10 with activity. She described symptoms as constant, sharp and throbbing, associated with radiation of pain, and numbness and weakness in the upper extremities. She reported that pain interfered with activities of daily living and was interested in surgical options. Exam of the cervical spine noted decreased range of motion, strength 4 of 5 in the right bicep and wrist extensor, and 3 of 5 in the left bicep and wrist extensor. Sensation was diminished bilaterally in all dermatomal distributions in the upper extremities. Hoffman's and inverted radial reflex was positive bilaterally and Spurling's and L'Hermitte's were positive bilaterally in the C6 distribution. X-ray of the cervical spine showed "loss of cervical lordosis from C4-C7", "hypermobility and C4-5 on flexion versus extension and loss of disc height from C4-C7", and "loss of lordosis and a neutral spine on extension with kyphosis on resting and lateral images". Electrodiagnostics (5-12-2015) were documented as showing mild C5-6 radiculopathy on the right without evidence of nerve entrapment. Magnetic resonance imaging of the cervical spine (5-11-2015) was documented as showing 4mm right paracentral disc

herniation at C4-5 with abutment of the cervical spinal cord, 4mm broad based disc herniation at C5-6 with abutment of the cervical spinal cord, 3mm broad based disc herniation at C3-4, and a broad based disc protrusion at C6-7 and circumferential stenosis from ligament hypertrophy. Per the Request for Authorization dated 8-26-2015, the treatment plan included a new patient visit (certified) and follow-up visits x10, modified to follow up visits x4 by Utilization Review on 9-03-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visits QTY: 10: Overturned

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, Chapter 7, Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127.

Decision rationale: The patient was injured on 10/13/10 and presents with neck pain and upper extremity pain. The request is for FOLLOW UP VISITS QTY: 10. The RFA is dated 08/26/15 and the patient's current work status is not provided. MTUS Chronic Pain Guidelines 2009, page 8, Introduction Section, Pain Outcomes and Endpoints, Regarding follow-up visits states that the treater "must monitor the patient and provide appropriate treatment recommendations." ACOEM, Independent Medical Examinations and Consultations, Chapter 7, page 127 states that the "occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." The patient is diagnosed with shoulder bursitis and cervical disc disorder with myelopathy. Treatment to date has included diagnostics, psychological treatment, right hand surgery in 2013, and right shoulder surgery in 10-2014, physical therapy, acupuncture, and medications. It appears that the treating physician is requesting a follow-up visit to monitor this patient's continuing neck pain and upper extremity pain. The reason for the request is not provided and there is no discussion provided regarding why the patient needs 10 follow-up visits. However, given the patient's chronic pain, MTUS supports regular visitations to report on the patient's progress. The request IS medically necessary.