

Case Number:	CM15-0187202		
Date Assigned:	09/29/2015	Date of Injury:	06/27/2013
Decision Date:	11/09/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/23/2015

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: 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:

The injured worker is a 55 year old male, who sustained an industrial injury on 06-27-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for hypertension, tension headaches, myofascial pain, and neck sprain and pain. Medical records (04-14-2015 to 08-18-2015) indicate ongoing pain to the right side of the head with lights triggering headaches. Pain levels were 4 out of 10 on a visual analog scale (VAS) and were reported to be improved. Records also indicate no changes in activity levels or level of function. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-18-2015, revealed some bilateral hearing loss (claims occupational), tenderness to palpation in the right cervical paraspinal muscles with trigger points and palpable bands, full range of motion (ROM) in the cervical spine, normal sensation and motor strength in the upper extremities, pain with facet loading maneuvers bilaterally in the cervical spine, tenderness to palpation over the mid and upper cervical facet joints, tenderness to palpation over the temporomandibular joints bilaterally, and tenderness to palpation in the temporalis, sternocleidomastoid, and masseter muscles. Relevant treatments have included physical therapy (PT), trigger point injections, right greater occipital nerve block, cervical medial branch block, work restrictions, and pain medications. The treatment plan was to include: integrative pain management with appropriate procedures, injections, physical rehabilitation, and medication optimization to address the chronic pain issues. The request for authorization (09-02-2015) shows that the following services were requested: 6 outpatient office visits. The original

utilization review (09-15-2015) partially approved the request for 6 outpatient office visits (modified to approval of 2 office visits).

IMR ISSUES, DECISIONS AND RATIONALES

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

6 outpatient office visits: Upheld

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

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG, states follow up medical visits are based on medical necessity and the patient's progress, symptoms and ongoing complaints. In this case, the request is for 6 follow up visits/management. The continued ongoing need for these appointments cannot be determined as response to treatment and continuation of symptoms cannot be determined for that many sessions. Therefore, the request is not medically necessary.