

Case Number:	CM15-0022189		
Date Assigned:	02/12/2015	Date of Injury:	01/02/1995
Decision Date:	03/30/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/05/2015

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: Indiana

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 66 year old female, who sustained an industrial injury on 01/02/1995. She has reported neck pain. The diagnoses have included cervicalgia; muscle spasms paracervical and trapezius muscles; and status post cervical fusion at C4-5, and C6-7. Treatment to date has included medications, physical therapy, and surgical intervention. Medications have included Norco, Soma, and Cymbalta. Currently, the IW complains of right and left cervical pain which shoots down the shoulders to the arms; back stiffness; numbness, and tingling, and weakness in the right and left arms, with stiffness and pain. A progress note from the treating physician, dated 01/13/2015, reports objective findings to include pain to palpation over the cervical C2 to C6 facet capsules bilaterally, and pain with rotational extension; decreased light touch sensation bilaterally to the C6 and C7 dermatomes; and bilateral brachioradialis reflex, bilateral biceps reflex, and bilateral triceps reflex are 1/4. The treatment plan has included request for evaluation with the spinal surgeon due to marked decrease in functional capacity. On 01/30/2015 Utilization Review non-certified a One evaluation with [REDACTED]. The CA MTUS, ACOEM was cited. On 02/05/2015, the injured worker submitted an application for IMR for review of One evaluation with [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

One evaluation with [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Office Visit

Decision rationale: ODG states concerning office visits Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. 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 determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. ACOEM additionally states concerning low back complaints: Assessing Red Flags and Indications for Immediate Referral Physical-examination evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for immediate consultation. The examination may further reinforce or reduce suspicions of tumor, infection, fracture, or dislocation. A history of tumor, infection, abdominal aneurysm, or other related serious conditions, together with positive findings on examination, warrants further investigation or referral. A medical history that suggests pathology originating somewhere other than in the lumbosacral area may warrant examination of the knee, hip, abdomen, pelvis or other areas. Medical records to no indicate any red flags for immediate referral. The subjective and objective complaints have also changed minimally over the last year and the treating physician does not detail well why the consultation request. As such, the request for spinal surgeon consult is not medically necessary at this time.