MAXIMUS Federal Services

Case Number:	CM15-0030052		
Date Assigned:	02/23/2015	Date of Injury:	05/16/2002
Decision Date:	04/17/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/18/2015

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: New York
Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 was a 60 year old male, who sustained an industrial injury, May 16, 2002. According to progress note of September 26, 2014, the injured workers chief complaint was neck pain and headaches. The injured worker described the head pain as pressure. The right arm with a burning sensation between the shoulder blades. The injured worker was experiencing trembling in the hands, right greater than the left became worse with holding things or writing. The injured worker was complaining of the hands being sore and stiff to triggering of the right long finger and left small and long finger. The injured worker was diagnosed with status post posterior cervical foraminotomy, status post revision anterior/posterior cervical discectomy and fusion of C2-C6, status post cervical tumor resection, right ling and left small and long trigger fingers, cervicogenic headaches, tinnitus, postoperative dysphasia, Hepatitis C, TMJ (temporomandibular joint syndrome) disease and intention tremor on the right hand. The injured worker previously received the following treatments EMG/NCS (electromyography and nerve conduction studies) of the right upper extremity, home exercise program, manual therapy, Botox injections and cortisone injection for TMJ disease. On December 20, 2014, the primary treating physician requested authorization for a follow-up visit with [redacted]. On February 4, 2015, the Utilization Review denied authorization for a follow-up visit with [redacted]. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-Up visit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7 IME and Consultations, page 127.

Decision rationale: The patient is a 60 year old male with an injury on 05/16/2002. He had a discectomy and fusion of C2- C6. He has neck pain, a burning sensation between his shoulder blades and right arm burning. There is insufficient documentation to substantiate that the patient must be followed by [redacted]. It is unclear exactly what specific expertise [redacted] has to make follow up for an injury that occurred almost 13 years ago essential to the management of this patient.