

Case Number:	CM15-0040887		
Date Assigned:	03/12/2015	Date of Injury:	02/08/1995
Decision Date:	04/15/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/03/2015

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 Jersey

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 54 year old female, who sustained an industrial injury on February 8, 1995. The injured worker was diagnosed as having chronic pain and complex regional pain syndrome. Treatment to date has included cervical fusion and decompression, trigger point injections, medications, and MRI/CT. Currently, the injured worker complains of continued neck pain located to the left side of the neck and shoulder. She reports that her pain is constant, moderate stabbing, cramping and aching in nature. The pain is made worse with sitting, standing, looking up, looking down or in a prolonged position. The treatment plan includes medications, trigger point injections, and instruction of sound/vibration technique to reduce pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up office visit for complex chronic care coordination services 1 time a month for 1 year: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 179, 180.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper Back section, Office visits.

Decision rationale: The MTUS Guidelines are silent on office visits with a physician. The ODG, however, states that they are recommended as determined to be medically necessary, and clearly 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. A set number of visits cannot be reasonable established, however, the clinician should be mindful of the fact that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In the case of this worker, who has chronic pain, the request for further office visits is reasonable. However, as her condition might change or a new treatment may change her need for frequent or less frequent office visits. Therefore, a decision for an office visit should be made one at a time, and so the request for monthly office visits for one year is not appropriate or medically necessary.