

Case Number:	CM15-0049595		
Date Assigned:	03/23/2015	Date of Injury:	03/09/2004
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/16/2015

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 57 year old female, who sustained an industrial injury on 3/9/2004. The medical records submitted did not include details regarding the initial injury and a complete recount of prior conservative treatments. She is status post cervical fusion in 2006 and bilateral carpal tunnel release, date unknown. Diagnoses include cervical disc degeneration, cervical radiculopathy, chronic pain, post laminectomy syndrome, carpal tunnel syndrome, myalgia, and headache, in addition to multiple co-morbidities. Currently, they complained of neck pain radiating to bilateral shoulder, arm, upper back and mid back. The pain was rated 10/10 VAS without medication and 3/10 with medication. On 2/19/15, the provider documented decreased cervical range of motion, crepitus, and tenderness. There was pain with cervical facet loading maneuvers. The plan of care included the continuation of medication therapy and follow up visits every month to two months to assess chronic bilateral wrist and neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office Visits - 6 sessions (cervical): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 79. Decision based on Non-MTUS Citation Official Disability

Guidelines - TWC, Treatment Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Evaluation and Management (E&M).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient presents with pain in the neck, bilateral shoulders, bilateral upper back and bilateral mid back. The request is for OFFICE VISITS - 6 SESSIONS (CERVICAL). Patient is status post cervical decompression and fusion surgery, and bilateral carpal tunnel release surgeries, dates unspecified. Patient's treatments have included acupuncture and medial branch nerve block with benefits. Per 10/23/14 progress report, patient's diagnosis include degenerative disc disease cervical, chronic, muscle spasms, spinal fusion, chronic, facet joint osteoarthritis, failed back surgery syndrome cervical chronic, and other unspecified back disorders. Patient's medications, per 02/19/15 progress report include Amlodipine, Omega-3 Fatty Acids, Tums, Aspir, Prilosec, MS Contin, Norco, Promethazine, and Zanaflex. Patient is permanent and stationary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state 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 treater has not discussed this request. UR letter dated 03/12/15 has modified the request from six sessions to two sessions. In this case, the purpose of the request is unknown. It is also unclear if the request is for the patient to see a specialist or, if it is for visiting the primary treater for managing patient's pain issues, which would be reasonable. However, the rationale for the request is not known. Furthermore, the request is for 6 sessions of which 2 were already authorized. Therefore, the request IS NOT medically necessary.