

Case Number:	CM15-0053271		
Date Assigned:	03/26/2015	Date of Injury:	07/08/2005
Decision Date:	05/04/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/20/2015

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: 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 29 year old female who sustained an industrial injury on 7/8/05. The injured worker reported symptoms in the cervical spine. The injured worker was diagnosed as having myalgia and myositis not otherwise specified, chronic pain syndrome, cervical spondylosis without myelopathy, and sleep disturbance not otherwise specified. Treatments to date have included analgesic medications, injection therapy, oral pain medication, nonsteroidal anti-inflammatory drugs, and status post cervical fusion. Currently, the injured worker complains of pain in the cervical spine. She also complains of migraine headaches. Last cervical epidural and occipital block provided benefit for nine months. The plan of care was for acupuncture treatment, epidural injections, and a follow up appointment at a later date. Request was made to referral to neurologist for assessment of recurrent headaches. On 3/13/15, Utilization Review approved the request for acupuncture x 6 and left C2-3 epidural steroid injection. The request for evaluation and management service and referral to neurologist was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation and management service: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

Decision rationale: According to ODG, 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. In this case, the injured worker is followed for chronic pain and is being prescribed multiple medications. The request for evaluation and management outpatient office visits is supported per evidence-based guidelines. The request for Evaluation and management service is medically necessary and appropriate.

Referral to neurologist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: According to the ACOEM guidelines, referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. In this case, the injured worker is complaining of recurrent headaches. She is status post occipital blocks nine months ago with significant improvement. The treating physician is requesting referral to neurologist for evaluation of headaches. The request for a referral to a neurologist is supported for evaluation and further treatment recommendations. The request for Referral to neurologist is medically necessary and appropriate.