

<b>Case Number:</b>	CM15-0057004		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	02/08/1998
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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 65 year old female, who sustained an industrial injury on 2/08/1998. Diagnoses include cervical sprain/strain, thoracic sprain/strain and lumbar sprain/strain. Treatment to date has included medications, acupuncture, physical therapy, injections, diagnostics and chiropractic care. Per the Chiropractic Progress Report dated 1/13/2015, the injured worker reported neck pain and cervical pain. Pain is rated as 5/10. The pain is described as constant, aching, stiffness, burning and stabbing. She reported mid back pain rated as 5/10 and low back pain rated as 7/10. The pain is described as constant, burning, aching, stiffness, stabbing cramping and burning. Ankle pain is rated as 5/10 and is described as constant, and aching. She also reports aching tension headaches rated as 4/10. Physical examination revealed bilateral positive Kemp's test and shoulder depression test. There were taut and tender fibers of the bilateral cervical, thoracic and lumbar spine. Progress was described as improving. There was right ankle pain described as moderate and improving. The plan of care included home exercises and stretches. Per the Primary Treating Physician's Progress Report dated 2/16/2015, authorization was requested for 6 office visits with [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Office visits x6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 127, Consultation.

**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, Chapter 7, Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** Guidelines state office visits and follow-ups are determined to be medically necessary and play a critical role in the proper diagnosis and treatment based on the patient's concerns, signs and symptoms, clinical stability along with monitoring of medications including opiates. Determination of necessity requires individualized case review and assessment with focus on return to function of the injured worker. Submitted reports have not adequately demonstrated acute symptoms or red flag conditions and clinical findings to allow for continued arbitrary follow-up intervention and care and future care with multiple visits cannot be predetermined as assessment should be made according to presentation and clinical appropriateness for this February 1998 injury. The patient continues to treat for chronic symptoms without any acute flare, new injury, or progressive deterioration to predict future outcome. Therefore, the request for office visits x6 is not medically necessary and appropriate.