

Case Number:	CM15-0061047		
Date Assigned:	04/07/2015	Date of Injury:	12/06/2013
Decision Date:	05/06/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/31/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old male, who sustained an industrial injury on 12/6/13. The injured worker has complaints of neck pain and spasms left shoulder pain with reaching and cervical occipital headaches. The diagnoses have included closed head injury; cervical sprain; left shoulder sprain with possible labral tear/rotator cuff tear; thoracic sprain, lumbar sprain; chronic pain and posttraumatic migraines. Treatment plan was for pristiq for pain and irritability; off work given his headaches and neck pain and need for continued therapy; encouraged to increase his activities as tolerated and permanent and stationary status deferred. The documentation noted on 2/9/15 that massage therapy was authorized but the injured worker had not gone because of transportation issues. The request was for pain management follow up visit and retrospective pristiq.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management follow up visit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Office Visit.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Office visits.

Decision rationale: The claimant sustained a work-related injury in December 2013 and continues to be treated for neck and left shoulder pain and headaches. He underwent cervical medial branch radiofrequency ablation on 03/13/15. Office visits are recommended as determined to be medically necessary. In this case, the claimant is being seen for pain management including interventional care and has ongoing pain. The follow-up visit was medically necessary.

Retrospective Pristiq 50 mg prescribed on 2/9/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, p13-16 Page(s): 13-16. Decision based on Non-MTUS Citation Pristiq Prescribing Information.

Decision rationale: The claimant sustained a work-related injury in December 2013 and continues to be treated for neck and left shoulder pain and headaches. He underwent cervical medial branch radiofrequency ablation on 03/13/15. Office visits are recommended as determined to be medically necessary. In this case, the claimant is being seen for pain management including interventional care and has ongoing pain. The follow-up visit was medically necessary.