

Case Number:	CM14-0115821		
Date Assigned:	08/04/2014	Date of Injury:	11/01/2006
Decision Date:	10/08/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of November 1, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier cervical fusion surgery; unspecified amounts of physical therapy, unspecified amounts of chiropractic manipulative therapy; and unspecified amounts of psychotherapy. In a Utilization Review Report dated June 24, 2014, the claims administrator denied a request for "office emergency services-99058." The non-MTUS ODG Mental Illness and Stress Chapter Office Visits topic was invoked. It was stated that there was no evidence of any emergent mental health issue which warranted provision of emergent mental health services. The applicant's attorney subsequently appealed. In a handwritten note date June 18, 2014, difficult to follow, not entirely legible, the applicant was described as having a variety of complaints, including heartburn, reportedly ameliorated through Nexium and ranitidine. The applicant had a recent sleep study done. The applicant was pending a cervical hardware fusion removal. The applicant was on Norvasc for blood pressure issues. The applicant's blood pressure was apparently sub optimally controlled, at 138/90 in the office setting. The applicant was asked to obtain a new blood pressure machine as his machine was reportedly inaccurate. Renal function testing, thyroid function testing, MiraLax, Axid, and Nexium were endorsed. The applicant was asked to eschew NSAIDs. The note was very difficult to follow. The applicant was seemingly placed off of work. On May 8, 2014, it was stated that the applicant failed various operative and nonoperative treatments and should therefore obtain a spinal cord stimulator trial. Twelve sessions of acupuncture and an orthopedic mattress were endorsed. The applicant was using Norvasc, hydrocortisone suppositories, Enablex, TriCor, Prazosin, Remeron, Wellbutrin, Ativan, and BuSpar, it was stated. On February 13, 2014, the applicant was given trigger point

injections. Multiple opioid agents were refilled. It was stated that the applicant could be a candidate for lumbar spine surgery, once his cervical hardware was removed. A cervical pillow was endorsed. On March 11, 2014, the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office emergency services: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: The request is imprecise. It is not clearly stated what this request represents. While the MTUS Guideline in ACOEM Chapter 15, page 405 does note that the frequency of an applicant's follow-up visit should be dictated by the severity of an applicant's symptoms and work status, in this case, however, there is no evidence that the applicant currently or previously had any emergent mental health issues such as suicidal ideation, suicidal intention, homicidal ideation, homicidal intention, etc., which would warrant unspecified "office emergency services." Therefore, the request is not medically necessary.