

Case Number:	CM14-0118685		
Date Assigned:	09/16/2014	Date of Injury:	04/04/2007
Decision Date:	10/28/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/28/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 54 year old male who had a work-related injury on 04/04/07. The only clinical information submitted for review is a procedure note dated 11/04/13 which was a cervical medial branch block at C2-3 and C3-4, there was psychiatric update report dated 12/12/13 and 01/20/14 which noted on going complains of pain, rated at 9 out of 10. An increase in pain was described since the pain medications were lowered. It is reported that the injured worker sleeps 2-3 hours at a time, wakes up due to pain. Prior utilization review on 07/01/14 was modified to one visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly office visit (x12) for Pain Management: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 86. Decision based on Non-MTUS Citation Official Disabilities Guidelines

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

Decision rationale: The request for a monthly office visit (times 12) for pain management is not medically necessary. Due to the lack of clinical information submitted for review, medical necessity has not been substantiated. Therefore the request is not medically necessary.