

Case Number:	CM14-0119979		
Date Assigned:	09/16/2014	Date of Injury:	03/27/2012
Decision Date:	11/10/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/30/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 59-year-old female who reported an injury on 03/27/2012. The mechanism of injury is not provided. On 03/24/2014, the diagnoses were concussion without coma, headache, subjective tinnitus, and sprain/strain of the neck. Upon examination, the patient was alert and responsive and no negative effects of medication noted. The areas of pain and tenderness remain the same from the previous examination. Prior therapies were not provided. The provider recommended a re-evaluation. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RE-EVAL [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The request for Re-Eval [REDACTED] was not medically necessary. The Official Disability Guidelines recommend office visits for proper diagnoses and return to function of an injured worker. The need for clinical office visit with a healthcare provider is individualized

based upon a review of the injured worker's concerns, signs and symptoms, and clinical stability and reasonable physician judgment. As injured worker's conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity of an office visit requires individual case review and assessment, being ever mindful that the best injured worker outcomes are achieved with the eventual injured worker independence from the healthcare system through self-care as soon as clinical feasible. The provider gave no rationale for the need for an evaluation. Additionally, there are no treatment plan or goals that needed to be addressed or with the use of an evaluation. As such, medical necessity has not been established.