

Case Number:	CM14-0212530		
Date Assigned:	01/02/2015	Date of Injury:	06/09/2011
Decision Date:	02/19/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: Anesthesiology, 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:

According to the records made available for review, this is a 55-year-old male with a 6/9/11 date of injury. At the time (10/6/14) of request for authorization for 3 Monthly follow-up visits with an anesthesiologist, there is documentation of subjective (neck pain) and objective (tenderness over the mid scapular region and upper trapezius, diminished sensation, positive foraminal compression test, and restricted range of motion) findings, current diagnoses (cervical syndrome, cervical spondylosis, cervical disc displacement, and cervicgia), and treatment to date (medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Monthly follow-up visits with an anesthesiologist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office visits. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, Chapter 7, page(s) 127.

Decision rationale: The MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. The ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of diagnoses of cervical syndrome, cervical spondylosis, cervical disc displacement, and cervicgia. In addition, given documentation of ongoing treatment with medications, there is documentation of a clinical condition necessitating office visits in order to monitor the patient's progress and make modifications to the treatment plan. However, the requested number of visits exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for 3 Monthly follow-up visits with an anesthesiologist is not medically necessary.