

Case Number:	CM15-0006552		
Date Assigned:	01/26/2015	Date of Injury:	01/10/2002
Decision Date:	03/13/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/12/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 55 year old female, who sustained an industrial injury on January 10, 2012. The diagnoses have included radiculopathy cervical spine, status post C7-T1 fusion and cervicalgia. Treatment to date has included posterior spinal fusion L3-L4 on December 13, 2013, oral pain medication and valium for muscle spasms and Non-steroidal anti-inflammatory drug. Currently, the injured worker complains of lower back pain and leg pain. On January 6, 2015 Utilization Review non-certified a unspecified treatment with a pain management specialist, cervical spine noting, American College of Occupational and Environmental Medicine was cited. On December 23, 2014, the injured worker submitted an application for IMR for review of evaluation by a pain management specialist, cervical spine and unspecified treatment with a pain management specialist, cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation and treatment by a pain management specialist, cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Office Visits

Decision rationale: ODG states, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible". The treating physician has requested an evaluation and unspecified treatment by a pain management specialist for this patient's cervical spine pain. While it appears appropriate for this patient to receive an evaluation by a pain management specialist the request for "unspecified treatment" cannot be certified. Request for specific treatments must be evaluated individually for appropriateness. The previous reviewer has modified this request to an evaluation by a pain management specialist. As such, the request for Evaluation and treatment by a pain management specialist, cervical spine is not medically necessary.