

Case Number:	CM15-0010008		
Date Assigned:	01/27/2015	Date of Injury:	10/11/1996
Decision Date:	03/17/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/16/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 60 year old male sustained an industrial injury on 10/11/96, with subsequent ongoing neck and back pain. Treatment included cervical fusion times three, trigger point injections, TENS unit, physical therapy and medications. In an office visit with [REDACTED] dated 1/22/15, the injured worker complained of daily neck pain. The injured worker reported pain without medications at 1/10 on the visual analog scale. Physical exam was remarkable for cervical spine with moderate apprehension and crepitus and pain upon active range of motion. Maximus tenderness to palpation was noted to the left shoulder and pericervical area. Current diagnoses included myalgia, carpal tunnel syndrome, neck pain, constipation, degeneration of lumbar and cervical intervertebral disc, depressive disorder, dysthymia, cervical post-laminectomy syndrome, headache, insomnia and chronic pain. The treatment plan included continuing medications (aspirin, Benadryl, Trazadone, Valium and Norco). On 1/13/15, Utilization Review modified a request for 12 office visits with [REDACTED] to 1 office visit with [REDACTED] citing CA MTUS, ACOEM and ODG Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 office visits with [REDACTED]: 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 Pain section, Office visits

Decision rationale: Pursuant to the Official Disability Guidelines, 12 office visits with [REDACTED] are not medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and returns the function of an injured worker and should be encouraged. The need for clinical offices with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is based on what medications the patient is taking, since some medicines such as opiates or medications such as certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are personal history of peptic ulcer disease, chronic; spinal stenosis in cervical region, chronic; DDD cervical, chronic; chronic pain due to trauma, chronic; and dental disease. Subjectively, the injured worker has ongoing complaints of neck pain. Pain is in the bilateral lateral neck and bilateral posterior neck. The injured worker rates the pain at 1/10. Objectively, cervical spine range of motion is lateral flexion 15, extension 15, flexion 30, and right and left rotation 15. Medications include ASA 81mg, Benadryl 25mg, MVI, Diclofenac-Misoprostol 75/200mg, Tramadol/APAP 37.5/325mg, Trazadone 150mg, Valium 10mg, and Norco 10/325mg. Documentation indicates the injured worker has 1/10 on the VAS pain scale. There is no documentation in the medical record to support the need for monthly follow up office visit. There is no documentation of aberrant drug-related behavior or drug misuse or abuse. Office visit follow-up is individualized based on a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. There are no specific patient concerns documented in medical record. The signs and symptoms appear to be stable, based on the documentation, with the VAS pain scale 1/10. There is no documentation to support ongoing monthly follow-up visits. Consequently, absent clinical documentation to support 12 office visits, 12 office visits with [REDACTED] are not medically necessary.