

Case Number:	CM15-0012270		
Date Assigned:	01/29/2015	Date of Injury:	12/04/2013
Decision Date:	03/23/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/22/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 39 year old male, who sustained an industrial injury on December 4, 2013. He has reported pain in the left elbow and shoulder. The diagnoses have included adjustment disorder with mixed anxiety and depressed mood, insomnia, cervical disc syndrome without myelopathy, facet arthropathy of the cervical spine, right shoulder bursitis and acromioclavicular osteoarthritis per MRI, left elbow tendinitis, lumbar facet arthropathy, a 3.3mm disc protrusion at L5-S1, right osteochondral lesion of the patella, right ankle tenosynovitis, and tendonitis of the Achilles tendon. Treatment to date has included physical therapy and medications. Currently, the injured worker complains of constant pain in the low back and right knee, headaches, problems sleeping, and emotional and cognitive symptoms. An Initial Pain Management-Psychological Physician's report dated November 26, 2014, noted the injured worker continuing to experience pain, headaches and sleep disturbances due to the work related injuries he received. On December 31, 2014, Utilization Review non-certified retrospective requests for an office evaluation for the date of service April 22, 2014, and an office evaluation for the date of service May 20, 2014, noting the Primary Treating Physician had not provided any records for review to support the request. On January 22, 2015, the injured worker submitted an application for IMR for review of retrospective requests for an office evaluation for the date of service April 22, 2014, and an office evaluation for the date of service May 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office Evaluation QTY: 1.00 (Retro DOS: 04/22/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a surgery evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: < Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach:(a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003) >.There no rational behind requesting office evaluation. The provider have to document the reasons for a follow up visit, the goals and objective of this visit. Therefore, the request for Office Evaluation QTY: 1.00 (Retro DOS: 04/22/2014) is not medically necessary.

Office Evaluation QTY: 1.00 (Retro DOS: 05/20/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a surgery evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: < Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach:(a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted.

(e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003) >.There no rational behind requesting office evaluation. The provider have to document the reasons for a follow up visit, the goals and objective of this visit. Therefore, the request for Office Evaluation QTY: 1.00 (Retro DOS: 05/20/2014) is not medically necessary.