

<b>Case Number:</b>	CM15-0015904		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	11/15/1996
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 sustained an industrial injury on January 15, 1996, lifting chairs. She has reported feeling a pop in the shoulder and neck. The diagnoses have included cervical facet arthropathy, cervical myofascial strain, and cervical radiculopathy. Treatment to date has included cervical fusion in 1997 and 2000, a cervical collar, trigger point injections, physical therapy, chiropractic treatments, epidural steroid injections, and medications. Currently, the injured worker complains of upper back and neck pain, frequent headaches, burning pain in the bilateral hands and elbows, low back pain that radiates to the buttocks, and radiating pain into the bilateral legs. The Primary Treating Physician's report dated November 25, 2014, noted hypertonicity in the bilateral trapezii and bilateral C3-C6 paraspinals, and tenderness to palpation in the bilateral trapezii. On January 22, 2015, Utilization Review non-certified 1 follow up office visit for the cervical spine, as an outpatient, submitted diagnosis cervical facet arthroscopy, cervical myofascial, cervical radiculopathy, noting that since the medication management as well as other requested treatment was not supported, there would be no indication for a follow-up office visit to monitor progress. The cited guidelines were not included in the documentation provided. On January 27, 2015, the injured worker submitted an application for IMR for review of 1 follow up office visit for the cervical spine, as an outpatient, submitted diagnosis cervical facet arthroscopy, cervical myofascial, and cervical radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 follow up office visit for the cervical spine, as an outpatient, submitted diagnosis cervical facet arthroscopy, cervical myofascial, cervical radiculopathy:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, 405.

**Decision rationale:** This patient presents with upper back/neck pain, headaches, pain in bilateral hands/elbows, lower back pain radiating to the buttocks, and radiating pain into the bilateral legs. The treater has asked for 1 FOLLOW UP VISIT FOR THE CERVICAL SPINE, AS AN OUTPATIENT SUBMITTED DIAGNOSES CERVICAL FACET ARTHROSCOPY, CERVICAL MYOFASCIAL CERVICAL RADICULOPATHY but the requesting progress report is not included in the provided documentation. The 11/25/14 report states that a follow up visit is scheduled in 4 weeks time. Regarding follow-up visits, ACOEM states the frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. ACOEM states: These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a midlevel practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified- or full-duty work if the patient has returned to work. Follow-up by a physician can occur when a change in duty status is anticipated (modified, increased, or full duty) or at least once a week if the patient is missing work. The patient's work status is not included in the provided documentation. In this case, the patient has ongoing pain in multiple areas of the body. A review of the reports shows that the patient had 1 recent office visit on 11/25/14. The requested follow up appears reasonable for patient's chronic pain condition. The request IS medically necessary.