

Case Number:	CM15-0110983		
Date Assigned:	07/22/2015	Date of Injury:	05/20/1999
Decision Date:	08/20/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/09/2015

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, New York
 Certification(s)/Specialty: Family Practice

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 59 year old man sustained an industrial injury on 5/20/1999. The mechanism of injury is not detailed. Diagnoses include possible cervical facet syndrome, migraine headaches, chronic neck pain, multilevel cervical degenerative disc disease, cervical spinal stenosis, bilateral carpal tunnel, and mild bilateral cubital tunnel. Treatment has included oral medications. Physician notes dated 5/12/2015 show complaints of headaches and neck pain. Recommendations include acupuncture and follow up in four to six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: The request for a follow-up is not medically necessary. According to MTUS guidelines, re-evaluations with a specialist are not necessary unless the diagnosis is uncertain, symptoms persist, or psychosocial factors are considered. The patient had already been evaluated by the orthopedic surgeon and was found not to have any surgical needs. It would have been appropriate for the patient to follow-up his primary care physician who happened to be a PMR specialist. There was no need for a further follow-up with the surgeon. Therefore, the request is not medically necessary.

Follow up visit provided on 5/12/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: The request for a follow-up is not medically necessary. According to MTUS guidelines, re-evaluations with a specialist are not necessary unless the diagnosis is uncertain, symptoms persist, or psychosocial factors are considered. The patient had already been evaluated by the orthopedic surgeon and was found not to have any surgical needs. It would have been appropriate for the patient to follow-up his primary care physician who happened to be a PMR specialist. There was no need for a further follow-up with the surgeon. Therefore, the request is considered not medically necessary.