

Case Number:	CM15-0112376		
Date Assigned:	06/18/2015	Date of Injury:	08/15/2008
Decision Date:	07/21/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old female who sustained an industrial injury on 8/15/08. The mechanism of injury is unclear. She currently has back, coccyx and hip pain. Her coccyx and sacrum have gradually been getting worse with constant burning allodynia over her tailbone and medial buttocks. Physical exam reveals tenderness to palpation at the cervicogenic junction and bilaterally over the thoracic spine with muscle spasms in the thoracic spine; shoulder exam reveals scapula muscle spasms with tenderness and trigger myofascial trigger points and decreased range of motion; there is tenderness over the right elbow and distal forearm, painful wrist extensor muscles painful at the elbow; lumbar spine has moderate tenderness on palpation and limited range of motion. She is limited in activities of daily living. Medications are Nucynta, Lyrica, Zorvolex, baclofen, propranolol, Cymbalta, Colace. Diagnoses are status post failed 9/2009 right hip arthroscopy; multilevel degenerative changes of the low back; left hip overloading with pain and weakness; bilateral shoulder impingement syndrome; aggravation of left non-industrial knee injury secondary to overloading and cane ambulation; bilateral wrist degenerative joint disease; reactive depression, secondary to pain; bilateral carpal tunnel syndrome; cervical muscle spasms and chronic pain; migraine headaches; left carpometacarpal joint stabilization surgery harvesting left flexor tendons (1/2014). Treatments to date include medications; trigger point injection, right shoulder area (4/24/15) helpful and increased activities of daily living; trigger point injection into left lumbar muscles (5/1/15); cognitive behavioral therapy; physical therapy; Botox scalp injections. Diagnostics include neuro-diagnostic evaluation of bilateral upper extremities (5/15/15) showing some abnormalities. Progress note

dated 5/20/15 notes that the injured worker is suicidal since her treatments have been denied. On 5/28/15 Utilization reviewed the request for weekly visits for two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weekly visits for the next two months to evaluate and treat the multiple conditions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Office visits.

Decision rationale: The claimant sustained a work-related injury in August 2008 and continues to be treated for chronic pain. When seen, there were multiple areas of tenderness and muscle spasms. There was decreased lumbar range of motion with tenderness and pain with facet loading. Office visits are recommended as determined to be medically necessary. 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. Requesting weekly visits for two months is not appropriate or medically necessary.