

Case Number:	CM15-0117240		
Date Assigned:	06/25/2015	Date of Injury:	02/22/2013
Decision Date:	07/27/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/17/2015

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 61 year old female, who sustained an industrial/work injury on 2/22/13. She reported initial complaints of pain due to multiple injuries of shoulder, neck, and back. The injured worker was diagnosed as having pain in joint, shoulder region, neck sprain/strain, cervical spondylosis without myelopathy, closed fracture of unspecified part of vertebral column without mention of spinal cord injury. Treatment to date has included medication, chiropractic therapy, physical therapy, surgery, exercise, acupuncture, and transcutaneous electrical nerve stimulation (TENS) unit. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 2/6/15 was normal. Currently, the injured worker complains of right shoulder pain s/p arthroscopy, neck pain and low back pain as well as depressed mood and anxiety. Per the primary physician's progress report (PR-2) on 3/3/15, examination revealed an antalgic gait. The requested treatments include 8 follow-up visits of psych.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 follow-up visits of psych: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127; Official

Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Pain (Chronic) (updated 4/30/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Guidelines state office visits and follow-ups are determined to be medically necessary and play a critical role in the proper diagnosis and treatment based on the patient's concerns, signs and symptoms, clinical stability along with monitoring of medications including opiates. Determination of necessity requires individualized case review and assessment with focus on return to function of the injured worker. Submitted reports have not adequately demonstrated acute symptoms or red flag conditions and clinical findings to allow for continued arbitrary follow-up intervention and care and future care with multiple visits cannot be predetermined as assessment should be made according to presentation and clinical appropriateness. The patient continues to treat for chronic symptoms without any acute flare, new injury, or progressive deterioration to predict future outcome; Extensive quantity of follow-up visits is not medically indicated for this chronic injury of 2013 without specified psychological issues, clinical findings, or diagnosis. The 8 follow-up visits of psych is not medically necessary and appropriate.