

Case Number:	CM15-0118069		
Date Assigned:	06/26/2015	Date of Injury:	05/11/2006
Decision Date:	07/27/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/18/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 (n) 51 year old male, who sustained an industrial injury on 5/11/06. He reported pain in his head, neck, back and shoulder after a wall fell on him and trapped him between the wall and a cement floor. The injured worker was diagnosed as having chronic muscle spasms, chronic neck pain, myalgia and myositis and cervical spine stenosis. Treatment to date has included a cervical MRI on 4/8/15 showing scattered facet joint osteoarthritis, a TENs unit, a cervical fusion on 7/10/14 and oral medications. As of the PR2 dated 5/21/15, the injured worker reports moderate to severe pain in his lower back and neck. He rates his pain a 9/10 without medications and a 3/10 with medications. Objective findings include tenderness in the shoulders, pericervical, periscapular and trapezius muscles. The treating physician requested follow-up office visit monthly x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up office visits (once month) Qty 6.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chapter on the hip, Office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: There is no specific guidance or criteria regarding follow up clinic visits in the MTUS, however, the MTUS does utilize the ACOEM guidelines, and according to the section on Cornerstones of Disability Prevention and Management, clinicians can provide extra support to make sure anxious or reluctant patients return to full function as soon as possible in order to avoid inadvertently rewarding avoidance behavior or phobic-like reactions. Even when the medical condition is not expected to change appreciably from week to week, frequent follow-up visits are often warranted for monitoring in order to provide structure and reassurance. In this case, the need for 6 months of scheduled follow-ups is not supported by the provided documents, and utilization review reasonably modified the request to one follow up visit at this time. Therefore, the initial request for 6 months of follow ups as requested is not considered medically necessary.