

Case Number:	CM15-0120047		
Date Assigned:	06/30/2015	Date of Injury:	04/12/2012
Decision Date:	08/13/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/22/2015

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 73-year-old female, who sustained an industrial injury on April 12, 2012. The injured worker reported being attacked by a dog resulting in injury to her neck and left shoulder. The injured worker was diagnosed as having neurologic induced mood disorder, major depressive disorder, adjustment disorder and chronic pain. Treatment to date has included x-rays, magnetic resonance imaging (MRI), multiple surgeries, physical therapy and medication. A progress note dated March 27, 2015 provides the injured worker complains of fatigue, anxiety, fear, depression, memory problems and apprehension. Physical exam notes fidgeting and irritability. The plan includes treatment and reevaluation and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

15 re-evaluation/treatment sessions: 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).

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 April 2013 and continues to be treated for chronic neck and bilateral shoulder pain and has major depressive disorder. When seen, authorization for 12-15 re-evaluation visits for medication management was requested. 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 require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Requesting up to 15 visits for re-evaluations at the initial assessment was not medically necessary.