

Case Number:	CM15-0124408		
Date Assigned:	07/08/2015	Date of Injury:	09/15/1997
Decision Date:	08/05/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/30/2015

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: Emergency 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 63-year-old male who sustained an industrial injury on 9/15/97. Diagnoses are neck pain, headaches, thoracic pain and bilateral shoulder pain. In a progress note dated 6/5/15, the treating provider notes he has completed four chiropractic visits and is released back to the original permanent and stationary status. He was treated with manipulative therapy with muscle stimulation, infrared radiation, and ultrasound as needed and the response to care was excellent. The requested treatment is 1 follow up appointment with pain management for symptoms related to the cervical, thoracic, and bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 follow up appointment for symptoms related to the cervical, thoracic, and bilateral shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Neck and Upper Back (Acute & Chronic) updated 5/12/2015.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

Decision rationale: The requested 1 follow up appointment for symptoms related to the cervical, thoracic, and bilateral shoulder, is not medically necessary. Per CA MTUS, ACOEM, Chapter 8, Neck and Upper Back Complaints, Follow-up visits, Page 177 and other body part chapters are equal: visits every 3-5 days with a mid-level practitioner (may be on-site or by phone if the injured worker has returned to work); physician visits for changes in work status or after appreciable healing expected, every 4-7 days if off work and every 7-14 days if working. The treating physician has documented that the injured worker has completed four chiropractic visits and is released back to the original permanent and stationary status. The treating physician has not documented the medical necessity for a follow-up visit, considering his response to treatment and being released back to permanent and stationary status. The criteria noted above not having been met, 1 follow up appointment for symptoms related to the cervical, thoracic, and bilateral shoulder is not medically necessary.