

Case Number:	CM15-0129384		
Date Assigned:	07/16/2015	Date of Injury:	03/28/2013
Decision Date:	08/11/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/03/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 48-year-old male, who sustained an industrial injury on 3/28/2013. He reported pain in his lumbar spine and right shoulder. Diagnoses have included right shoulder acromioclavicular joint arthritis, impingement syndrome and superior labral tear; chronic low back pain and mild degenerative disc disease with 3mm disc bulge at L5-S1. Treatment to date has included magnetic resonance imaging (MRI), chiropractic treatment, trigger point injections and medication. According to the progress report dated 5/6/2015, the injured worker complained of severe back pain that radiated up to his head. Symptoms were improved with medication. Exam of the right shoulder revealed positive impingement and tenderness. The lumbar spine was tender at bilateral L5-S1. He was taking Norco and Prilosec. The injured worker was temporarily totally disabled. Authorization was requested for follow up with pain management for ten visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up with pain management x 10 visit, right shoulder, lumbar spine, per 5/6/15 order:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain (chronic), 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) medical reevaluation.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG recommends follow up visits based on ongoing need and response to prescribed treatments. The request is for 10 follow up visits. Response to therapy and ongoing need cannot be determined for this amount of future visits and therefore the request is not medically necessary.