

Case Number:	CM15-0073719		
Date Assigned:	04/23/2015	Date of Injury:	05/28/1997
Decision Date:	06/11/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/17/2015

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: 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 59 year old female, who sustained an industrial injury on 5/28/97. She reported cervical spine pain and spasm, headaches, and right upper extremity pain. The injured worker was diagnosed as having status post cervical discectomy/fusion in 2000, cervical degenerative disc disease, cervical spondylosis, history of neck pain and upper extremity radicular pain, and upper cervical facet arthropathy causing posterior headaches. Treatment to date has included cervical epidural injections. C5-6 and C6-7 discectomy/fusions with plating and exercise were also noted. Currently, the injured worker complains of neck pain, posterior headaches, and bilateral upper extremity numbness and tingling involving the first 2 digits. The treating physician requested authorization for 1 follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Follow-up visit: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, medical reevaluation.

Decision rationale: The California MTUS and ACOEM do not specifically address the requested service. Per the ODG, follow up medical evaluation is based on ongoing medical necessity as based on patient's continuing medical problems/complaints and response to therapy. The provided clinical documentation for review warrants the patient a follow up visit for continuing medical care and thus the request is medically necessary.