

Case Number:	CM15-0078639		
Date Assigned:	04/29/2015	Date of Injury:	11/04/1997
Decision Date:	05/29/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/24/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 59 year old female, who sustained an industrial/work injury on 11/4/97. She reported initial complaints of neck and left wrist pain. The injured worker was diagnosed as having degeneration of cervical intervertebral disc, unspecified arthropathy, other specified sites, intervertebral disc disorders, mononeuritis of upper limb and mononeuritis multiplex, depressive disorder, not elsewhere classified, congenital spondylosis, lumbosacral region, other disorders of cervical region and pain in joint-forearm. Treatment to date has included medication, physical therapy, and acupuncture. Currently, the injured worker complains of pain in neck and both wrists and hands, aching in the back just below the shoulder blades, and radiating to the neck and causing headaches. There was some radiation into the left hip down into the calf. Per the primary physician's progress report (PR-2) on 3/23/15, examination revealed tenderness over the cervical spine midline in addition to right sided paraspinal muscles and trapezius, decreased range of motion of the cervical and lumbar spine in all planes, decreased sensation in the upper extremity in the right C7 and C8 distribution, 4+/5 motor strength in the bilateral extensors, right deltoid, and biceps, positive Spurling's test on the right, causing pain to the shoulder. The requested treatments include Follow up visit for pain management for submitted diagnosis of cervical (neck) C4-5 neural foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit for pain management for submitted diagnosis of cervical (neck) C4-5 neural foraminal narrowing: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM practice guidelines, 2nd edition (2004), Chapter 7 - Independent medical examinations and consultations Page 127 regarding follow-up visit.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. 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 such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. ACOEM states regarding assessments, "The content of focused examinations is determined by the presenting complaint and the area(s) and organ system(s) affected." And further writes that covered areas should include "Focused regional examination" and "Neurologic, ophthalmologic, or other specific screening." The treating physician does detail the rationale behind the referral to the specialist and provided additional information for the requested visit evaluation and treatment. The original reviewer partially certified the request to allow for one follow-up visit. As such, the request for Follow up visit for pain management for submitted diagnosis of cervical (neck) C4-5 neural foraminal narrowing is medically necessary at this time.