

<b>Case Number:</b>	CM13-0006578		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	06/18/2002
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and Pain Management and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 48 year old female with date of injury of 06/18/2012. The patient has diagnoses of neck sprain, left shoulder sprain, left cervical radiculopathy, and cervical disc displacement. UR modified request for "consultation only". Evaluation report dated 07/16/2013 by [REDACTED] states patient continues to have cervical and neck pain that radiates into her upper back and scapula region. She has difficulties driving due to her pain. Patient reports the pain is constant and varying in degree of severity. A course of acupuncture was received with minimal benefits. The request is for a pain management specialist evaluation and treatment. MRI of the cervical spine dated 08/28/2012 showed 1-2 mm disc bulges at C3-4 through C5-6. Mild right neural foraminal stenosis at C5-6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to pain management specialist to evaluate/treat the cervical spine-** [REDACTED]  
[REDACTED]: Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7- Independent Medical Examinations and Consultations

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition (2004), page 127

**Decision rationale:** The patient has diagnoses of neck sprain, left shoulder sprain, cervical radiculopathy left, and cervical disc displacement. A report dated 07/16/2013 by [REDACTED] states that the patient continues to have cervical and neck pain that radiates into her upper back and scapula region. The patient reports the pain is constant and varying in degree of severity. ACOEM guidelines state that a provider may refer a patient to a specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The patient's clinical problems warrant a second opinion for possible treatment options. Recommendation is for approval.