

Case Number:	CM13-0015993		
Date Assigned:	12/18/2013	Date of Injury:	07/12/2012
Decision Date:	01/30/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/23/2013

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 Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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 54-year-old male who reported a work-related injury on 07/12/2012, as a result of strain to the cervical spine. Subsequently, the patient presents for treatment of multilevel degenerative disc disease of the cervical spine with severe neural foraminal stenosis bilaterally at C6-7 and clinical right cervical radiculopathy and right shoulder tendinitis without evidence of a rotator cuff repair. Treatment to date includes conservative care, physical therapy, and a medication regimen. Additionally, the patient has attended five weeks of a functional restoration program. –

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient presents with cervical spine pain and right shoulder discomfort status post a work-related injury sustained in 07/2012. A previous peer review documents the patient had attended five weeks of a functional restoration program up until 11/01/2013. The

current documentation submitted specifically for this review does not contain any documentation status post the patient's initial treatment with five weeks of participation in the chronic pain program. The most recent clinical note submitted for review was a evaluation in multidisciplinary conference dated 07/30/2013. The clinical note failed to evidence the patient's course of treatment, compliancy, and efficacy while participating in the chronic pain management program. Therefore, the current request cannot be supported. As California Medical Treatment Utilization Schedule (MTUS) indicates, treatment duration in excess of twenty sessions requires a clear rationale for the specified for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and improvement outcomes and should be based on chronicity of disability and other known risk factors for loss of function. Given all the above, the request of [REDACTED] is not medically necessary or appropriate.

Aftercare times six for the neck and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The current request is not supported. Clinical documentation submitted for review repots the patient presents with cervical spine pain and right shoulder discomfort status post a work-related injury sustained in 07/2012. A previous peer review documents the patient the patient had attended five weeks of a functional restoration program up until 11/01/2013. The current documentation submitted specifically for this review does not contain any documentation status post the patient's initial treatment with five weeks of participation and the Chronic Pain Program. The most recent clinical note submitted for review was a evaluation in multidisciplinary conference dated 07/30/2013. The clinical note failed to evidence the patient's course of treatment, compliancy, and efficacy while participating in the chronic pain management program. Therefore, the current request cannot be supported. As California Medical Treatment Utilization Schedule (MTUS) indicates, treatment duration in excess of twenty sessions requires a clear rationale for the specified for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and improvement outcomes and should be based on chronicity of disability, and other known risk factors for loss of function. Given the all the above the request for aftercare times six for the neck and right shoulder is not medically necessary or appropriate.