MAXIMUS Federal Services

Case Number:	CM13-0033383		
Date Assigned:	12/06/2013	Date of Injury:	11/16/2007
Decision Date:	03/06/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/09/2013

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 41-year-old male who reported an injury on 11/16/2007. The patient is diagnosed with cervicalgia, cervical radiculopathy, failed neck surgery syndrome, lumbar radiculopathy, failed back surgery syndrome, and gastritis. The patient was seen by [redacted] on 09/04/2013. The patient reported ongoing neck and low back pain with radiation to the left upper extremity and left lower extremity. Physical examination revealed tenderness to palpation, decreased sensation in the left upper extremity, weakness in the left arm and left leg, and positive straight leg raising, Patrick's testing, Spurling's test, and facet loading maneuver. The treatment recommendations included authorization for a cervical and lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultation (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pg. 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92,Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. As per the documentation submitted for review, there is no evidence of an exhaustion of previous conservative treatment, prior to the request for a specialist referral. The patient's injury is greater than 6 years ago to date. The medical necessity for the requested consultation has not been established. Therefore, the request is non-certified.