

Case Number:	CM13-0037385		
Date Assigned:	12/13/2013	Date of Injury:	12/11/2008
Decision Date:	06/05/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/30/2013

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. The expert reviewer is Board Certified in Anesthesiology, 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 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/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 injured worker is a 45 year old female whose date of industrial related injury is 12/11/2008. Progress note dated 11/18/13 indicates complaints of a burning sensation in the neck with pain radiating into arms. Current medications are listed as Soma, Celebrex, Voltaren gel, Gralise, Norco, Ambien, Carisoprodol, and Lansoprazole. On physical examination there is spasm in the cervical region and tenderness present in the neck. There is limited range of motion in flexion and extension. Strength is 5/5 in all extremities. Tone is normal. There is no wasting or fasciculations. Deep tendon reflexes are 2+ and symmetrical, and sensation is intact. Diagnosis is cervical (neck) sprain and strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN PUMP: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 52-54.

Decision rationale: There is no comprehensive assessment of treatment completed to date or the patient's response within the medical records provided for review. There is no indication that the

patient has undergone a pre-procedure psychological evaluation to assess patient appropriateness for the procedure and to address any potentially confounding issues, as required by the MTUS Chronic Pain Guidelines. The patient appears to present with a diagnosis of cervical sprain/strain, and there is no clear rationale provided to support the requested pain pump for this diagnosis. The request is therefore not medically necessary and appropriate.