

<b>Case Number:</b>	CM13-0042945		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/29/2010
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 Physical Medicine & Rehabilitation 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 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:

This male sustained an injury on 7/29/10 while employed by [REDACTED]. Request under consideration include Consult for Medication Management X 8 visits. Report of 10/1/13 from the provider noted the patient with neck pain rated at 3-4/10 with occasional right arm pain. Medications list Norco, Flexeril, Ambien, Theramine, Synovacin. Conservative care has included medications, physical therapy, epidural steroid injections, and acupuncture without relief. CT scan of the cervical spine dated 7/30/13 noted "Spondylosis" without canal or neural foraminal stenosis. Exam showed decreased sensation at C3-4 and C6-7. Report of 9/24/13 from another provider noted the patient continued working with pain medications, but neck pain has progressively worsened. Diagnoses include major depression, recurrent, severe without psychotic features; chronic neck pain; degenerative disc disease of cervical spine. Treatment request was for consult for medication management x 8 visits. The request for consult with 8 visits was modified on 10/17/13 for consult only citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONSULT FOR MEDICATION MANAGEMENT TIMES 8 VISITS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 1062-1067. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG),

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS

**Decision rationale:** This male sustained an injury on 7/29/10 while employed by [REDACTED]. Request under consideration include Consult for Medication Management X 8 visits. Report of 10/1/13 from the provider noted the patient with neck pain rated at 3-4/10 with occasional right arm pain. Medications list Norco, Flexeril, Ambien, Theramine, Synovacin. Conservative care has included medications, physical therapy, epidural steroid injections, and acupuncture without relief. CT scan of the cervical spine dated 7/30/13 noted "Spondylosis" without canal or neural foraminal stenosis. Exam showed decreased sensation at C3-4 and C6-7. Report of 9/24/13 from another provider noted the patient continued working with pain medications, but neck pain has progressively worsened. Diagnoses include major depression, recurrent, severe without psychotic features; chronic neck pain; degenerative disc disease of cervical spine. Treatment request was for consult for medication management x 8 visits. The request for consult with 8 visits was modified on 10/17/13 for consult only citing guidelines criteria and lack of medical necessity. The guidelines states a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex; however, that has not been shown here as clinical exam is unchanged without any defining significant clinical findings correlating to acute red-flag conditions as documented by the CT scan. The request for the consult with 8 visits was already modified for consultation; however, submitted reports have not adequately demonstrated the need for additional 8 visits as the patient has chronic pain rated at 3-4/10 without any identified limiting factors in ADLs or function. The Consult for Medication Management X 8 visits is not medically necessary and appropriate.