

<b>Case Number:</b>	CM13-0044129		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/11/2012
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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 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 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 patient is a 35-year-old female who reported an injury on 05/11/2012 after a motor vehicle accident. The patient's treatment history included physical therapy, chiropractic care, acupuncture, massage therapy, facet blocks, and medications. The patient's most recent clinical evaluation documented that the patient had continued restricted range of motion of the cervical spine and 4/5 motor strength in all major muscles groups on the right side. The patient's medication schedule included hydrocodone, Maxalt, Midrin, Frova, Trazodone, Topamax, and Tizanidine. The patient's diagnoses included bilateral thoracic outlet syndrome, mixed headache syndrome, T4 syndrome, C6-7 right-sided facet pain, and chronic regional pain syndrome. The patient's treatment plan included Botox injections for her migraine headaches, continuation of medications, and electrodiagnostic studies of the upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PAIN MANAGEMENT CONSULTATION:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** The clinical documentation submitted for review does indicate that the patient has received ongoing treatment with the development of chronic pain since 05/2012. Multiple treatment modalities have failed to control this patient's pain. The Chronic Pain Guidelines indicate that a referral to a multidisciplinary pain clinic is appropriate if doses of opioids are required beyond what is usually required for the condition or if the pain does not improve with at least three (3) months of opioid usage. The clinical documentation submitted for review does indicate that the patient has been in treatment for longer than three (3) months and has failed to respond to several treatment modalities. As the patient is on several controlled medications and injection therapy has been recommended for this patient, a pain management consultation would be appropriate. As such, the requested pain management consultation is medically necessary and appropriate.