

Case Number:	CM13-0045157		
Date Assigned:	12/27/2013	Date of Injury:	08/08/2010
Decision Date:	05/05/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/17/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in 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 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:

This is a patient with a date of injury of 8/3/10. A utilization review determination dated 10/16/13 recommends non-certification of pain management evaluation and treat as the spine specialist evaluation and treatment was modified to an evaluation only and the patient had already undergone pain management treatment. The 9/9/13 medical report identifies neck pain status post one epidural injection. The patient had an adverse reaction to the injection and did not proceed with the rest of the series. On exam, there is spasm of the cervical spine with decreased ROM and "radiculopathy to both shoulders and upper extremities namely on the left side." Recommendations included evaluation by a spine specialist and return to a pain management specialist given that she has tried multiple oral medications and ESIs without improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPINE SPECIALIST EVALUATION AND TREATMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: Regarding the request for SPINE SPECIALIST EVALUATION AND TREATMENT, the MTUS guidelines do not address this issue. The ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are

present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the employee has chronic neck pain and radicular complaints as well as failure of medications and an ESI. Specialty consultation with a spine specialist may be appropriate so that appropriate treatment recommendations can be made and the utilization review determination did recommend modification of the request to consultation only. However, a non-specific request for treatment is not medically necessary as the need for any specific treatment will depend in part on the results of the consultation and the specific treatment being requested at that time and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested SPINE SPECIALIST EVALUATION AND TREATMENT is not medically necessary.

PAIN MANAGEMENT EVALUATION AND TREATMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, page 127..

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, page 127..

Decision rationale: Regarding the request for PAIN MANAGEMENT EVALUATION AND TREATMENT, the MTUS guidelines do not address this issue. The ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the employee has chronic neck pain and radicular complaints as well as failure of medications and an ESI. Specialty consultation with pain management may be appropriate so that other treatment options can be evaluated. However, a non-specific request for treatment is not medically necessary as the need for any specific treatment will depend in part on the results of the consultation and the specific treatment being requested at that time and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested PAIN MANAGEMENT EVALUATION AND TREATMENT is not medically necessary.