

Case Number:	CM13-0050522		
Date Assigned:	12/27/2013	Date of Injury:	11/18/2008
Decision Date:	03/20/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/14/2013

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 and Rehabilitation, 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 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 63-year-old male who sustained a work-related injury on 11/18/08, while employed with [REDACTED]. The patient was seen on 7/9/13 with complaints of pain on the right side of his head, and also severe neck and eye pain. The patient complains of occasional dizziness, pain in the right shoulder, and pain frequently radiating to the right side of his face from the occipital. The patient notes that pain medication is effective, but does make him feel dizzy at times. The patient notes that, while performing activities of daily living, there still is a significant amount of pain and stiffness of the cervical spine and bilateral upper extremities. On exam, there was noted tenderness to palpation to the cervical spine, restricted painful range of motion to cervical spine, and decreased sensation to light touch. There was also moderate tenderness to palpation on the suboccipital region which radiates across into his right temporal region, and the cervical decompression test is positive for pain on the right side. The patient has a depressed affect and mood, decreased and painful range of motion to right shoulder, tenderness to right shoulder, and sensitive to light touch of his bilateral jaw. Upon completion of assessment, the physician noted cervical spine sprain/strain syndrome, cervical radiculopathy, facial pain, headaches, minimal degenerative bony eburnation (TMJ), occipital neuralgia, possible C2 ganglion inflammation, and right shoulder sprain/strain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

unknown pain management follow-up for six months, and treatment based on the outcome of the follow-up visits between 10/24/13 and 5/13/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation State of Colorado Department of Labor and Employment, 4/27/2007, page 56

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79.

Decision rationale: The patient is a 64-year-old male with diagnoses of cervical spine sprain/strain syndrome, cervical radiculopathy, facial pain, headaches, minimal degenerative bony eburnation (TMJ), occipital neuralgia, possible C2 ganglion inflammation, and right shoulder sprain/strain syndrome. The patient is currently on carbamazepine 200mg, 1 tablet twice daily; sertraline 100mg, 2 tabs daily; Prilosec 20mg, 1 tab twice daily; Hydrocodone 10mg, 1 tablet 3 times a day for pain; and Norvasc 2.5mg, 1 tablet daily. It was noted in the documentation that the patient is able to do activities of daily living, although there is still significant amount of pain and stiffness of the cervical spine and bilateral upper extremities. Per the Chronic Pain Medical Treatment Guidelines, patients with pain who are managed with controlled substances should be seen monthly, quarterly, or semi-annually as required by standard of care. The patient's pain management specialist stated on 7/9/13 to remain under primary care and to discuss any further symptomatology with the primary care physician. The necessity of the six visits was not provided as the patient did not report any side effects or changes in medication. Also, the request includes treatment; however, the specific treatment being requested was not provided. Therefore, the request is non-certified.