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| Case Number: | CM13-0051900 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 09/09/2013 |
| Decision Date: | 03/27/2014 | UR Denial Date: | 11/07/2013 |
| Priority: | Standard | Application Received: | 11/15/2013 |

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, has a subspecialty in Interventional Spine, 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 case involves a 32 year-old female patient who is a stock person for [REDACTED]. She was injured on 9/9/13 when some Bundt pans fell and struck her head. On 10/30/13, the patient complains of worsening pain in the head and neck and has been calling in sick due to pain. The urgent care physician states that the findings are becoming more and more non-physiologic and wants to refer for physiatry evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient referral to a physiatrist for the neck and head: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

Decision rationale: The patient presents with worsening head and neck pain despite activity modification and conservative treatments. The treating physician notes that the findings are

becoming more non-physiologic and requests referral to physical medicine and rehabilitation. The MTUS/ACOEM guidelines specifically state that patients with acute neck or upper back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. If there is no clear indication for surgery, referring the patient to a physical medicine and rehab (PM&R) specialist may help resolve symptoms. The request is directly in accordance with MTUS/ACOEM guidelines. As such, the request is certified.