MAXIMUS Federal Services

Case Number:	CM13-0055525		
Date Assigned:	12/30/2013	Date of Injury:	05/04/2009
Decision Date:	04/10/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/21/2013

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 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 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 59 year old female with date of injury 5/4/09. The treating physician report dated 9/9/13 indicates that the patient has pain affecting the cervical, thoracic, right shoulder and left shoulder. The current diagnoses are: 1. Cervical spine disc bulge 2. Thoracic spine disc bulge 3. Failed right shoulder surgery 4. Left shoulder strain The utilization review report dated 11/8/13 denied the requests for pain medicine consultation, orthopedist consultation and neurosurgeon consultation based on the rationale of lack of medical necessity.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, (2004), Page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, page127

Decision rationale: The patient presents with chronic pain affecting the cervical and thoracic spine as well as bilateral shoulders. The treating physician reports reviewed beginning 1/9/13 through 9/9/13 indicate that the patient has been referred to a pain medicine specialist that prescribed Norco, a psychologist that prescribed psychotherapy, a pain management specialist (follow up was done on 1/18/12), an ENT specialist that recommended a barium swallow test, an internal medicine specialist, a neurologist that prescribed Valium, another internal medicine specialist is requested due to possible inhalation of toxic chemicals, a dentist due to clinching her teeth at night, a sleep study specialist and an orthopedic specialist for follow up of failed right shoulder surgery. In reviewing the 9/9/13 treating physician report it states that the patient went to the ER on 9/5/13 and received breathing treatments. There is no documentation of a change in the patient's condition or any rationale provided as to why additional consultations are required for this patient. The ACOEM guidelines indicate that a referral to a specialist is warranted 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. The treating physician has asked for pain management consultation to address this patient's persistent chronic pain. Chronic pain is rather complex and can be quite challenging. Although the provider's documentation is sparse with basically a check box for Pain Medicine and a check box for follow up, recommendation is for authorization of the request for pain management consultation as being medically necessary and appropriate