

Case Number:	CM13-0068098		
Date Assigned:	01/03/2014	Date of Injury:	08/01/2009
Decision Date:	08/05/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/19/2013

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 Occupational Medicine 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 48-year-old female who has submitted a claim for cervical spondylosis without myelopathy associated with an industrial injury date of August 1, 2009. The medical records from 2013 were reviewed. The patient complained of neck, low back, bilateral shoulder and arm pain. She is status post right shoulder surgery. A physical examination showed tenderness over the right shoulder girdle and along the right trapezius with significant muscle spasm; tenderness of the left rotator cuff; and limitation of motion of the right shoulder on abduction. An MRI of the lumbar spine on May 13, 2013 showed mild degenerative disc disease at L3-L4 and mild facet hypertrophy at L4-L5; nerve studies being unremarkable. MRI of the cervical spine dated November 28, 2012 showed mild hypertrophic changes at the prevertebral space at C1-C2; and broad-based central disc protrusion measuring 1-2mm at C3-C4, C4-C5, C5-C6, and 2mm at C6-C7. Nerve conduction studies showed carpal tunnel syndrome. The patient's diagnoses were discogenic cervical condition with multilevel disc bulging; impingement syndrome bilaterally with evidence of rotator cuff tear on the right, tendinosis on the left by MRI status post one injection each; discogenic lumbar condition with MRI showing bulging at L3-L4 and hypertrophy at L4-L5; carpal tunnel syndrome; cubital tunnel syndrome; and insomnia, stress, anxiety, and depression. The treatment plan includes a request for pain management consultation. The treatment to date has included oral and topical analgesics, TENS, hot/cold modalities, chiropractic therapy, trigger point injections, home exercises, physical therapy, back brace, shoulder injections, right shoulder surgery, and cognitive behavioral therapy. The utilization review from December 13, 2013 denied the request for pain management consultation because the referral was for possible neck injection. However, there was no documentation of radiculopathy.

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 cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page(s) 127, 156.

Decision rationale: According to pages 127 & 156 of the ACOEM Guidelines referenced by California MTUS, consultations are recommended, and a health practitioner may refer to other specialists 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. In this case, the patient complains of chronic pain in several areas such as neck, low back, bilateral shoulder and arms. The patient has also attended psychotherapy sessions for insomnia, stress, anxiety, and depression. It appears that the patient may benefit from additional expertise at this time due to the complexity of the case and presence of psychosocial factors. Therefore, the request for pain management consultation is medically necessary.