

Case Number:	CM13-0068552		
Date Assigned:	01/03/2014	Date of Injury:	02/01/2012
Decision Date:	04/11/2014	UR Denial Date:	12/09/2013
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 Internal 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 41-year-old female with date of injury on 02/01/2012 with no details as to mechanism of injury. She is reported to suffer from cervical and lumbar back pain. There is a subjective complaint of pain on history and her exam is notable for decrease range of motion of the lumbar spine and tenderness to palpation of the paraspinals in the lumbar spine. The notes do not reflect objective abnormalities on exam. There is no mention of prior treatment trials in the data provided. Current regimen for pain includes topical Capsaicin, Topamax, and Nabumetone. The request is for an initial visit for interdisciplinary evaluation for cervical spine pain disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE INITIAL INTERDISCIPLINARY EVALUATION FOR THE CERVICAL SPINE AS AN OUTPATIENT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34.

Decision rationale: There is only one note provided to review and there is no documentation of prior therapy, either medication or conservative care (physical therapy, etc) that has been trialed

for the claimant's symptoms. There are limited abnormalities on exam noted and there is significant, co-morbid, untreated depression. The MTUS Chronic Pain Guidelines state chronic pain programs can be effective if certain criteria are met, one of which is "previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result insignificant clinical improvement." There is no documentation to support any other types of treatment trialed on this patient and therefore, based on available data for review, the interdisciplinary pain evaluation for cervical spine disorder is not medically necessary and appropriate.