

Case Number:	CM13-0068884		
Date Assigned:	01/03/2014	Date of Injury:	10/24/2012
Decision Date:	05/23/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/20/2013

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:

According to the records made available for review, this is a 33-year-old male with a 10/24/12 date of injury. At the time (12/12/13) of request for authorization for initial interdisciplinary evaluation including (neck, head, lumbar) x 1, there is documentation of subjective (headaches with associated photophobia, nausea, and vomiting, neck pain, low back pain, sleep disturbance, and psychiatric distress; main complaint is essentially headaches and to a lesser extent neck and low back pain) and objective (some tenderness to palpation and spasm and guarding at the cervicocranial junction with tenderness over the greater occipital nerve and more mild tenderness around the remainder to the cervical spine and into the bilateral cervicobrachial region) findings, current diagnoses (chronic cervical and lumbar strain, myofascial head pain syndrome, and postconcussive head pain syndrome), and treatment to date (medications, activity modification, chiropractic, PT, and acupuncture). 11/8/13 medical report identifies that the patient would not be a good candidate for interventional treatment for the spine pain complaints or headache pain complaints. There is no documentation that the patient has a significant loss of ability to function independently resulting from the chronic pain and that the patient exhibits motivation to change.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL INTERDISCIPLINARY EVALUATION INCLUDING (NECK, HEAD, LUMBAR) X1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs), Page(s): 31-32.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of chronic pain program evaluation. Within the medical information available for review, there is documentation of diagnoses of chronic cervical and lumbar strain, myofascial head pain syndrome, and postconcussive head pain syndrome. In addition, there is documentation that previous methods of treating chronic pain have been unsuccessful and that the patient is not a candidate where surgery or other treatments would clearly be warranted. However, there is no documentation that the patient has a significant loss of ability to function independently resulting from the chronic pain and that the patient exhibits motivation to change. Therefore, based on guidelines and a review of the evidence, the request for initial interdisciplinary evaluation including (neck, head, lumbar) x 1 is not medically necessary.