

<b>Case Number:</b>	CM13-0070909		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	06/08/2000
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 has submitted a claim for neck pain, low back pain and displacement of lumbar intervertebral disc associated with an industrial injury date of June 8, 2000. Treatment to date has included oral analgesics, muscle relaxants, physical therapy, home exercises, and acupuncture. Medical records from 2013 were reviewed and showed neck, bilateral shoulders and low back pain. Cervical spine examination revealed limitation of motion with palpable tightness and tenderness in the paracervical muscles. Shoulder examination findings also showed limitation of motion with a positive Yergason's test. Pain was elicited over the bilateral lumbar paraspinal muscles and bilateral gluteal region, and limitation of motion of the lumbar spine was also noted. Neurological examination showed light touch and pain sensation deficit on the right (L5) distribution. Right straight leg raise test was positive. The patient was taking several oral pain medications. Request for cervical ESI has been made since January 2013, however this has been denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONSULT WITH PAIN MANAGEMENT FOR CERVICAL SPINE PER REPORT DATED 11/18/13 QUANTITY 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATION AND ENVIRONMENTAL MEDICINE (ACOEM) 2ND EDITION, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 127 AND 156

**Decision rationale:** As stated in the ACOEM Guidelines, occupational health practitioners 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 has been complaining of chronic neck pain; however, a review of progress notes in 2013 did not show progression of symptoms or evidence of radiculopathy to warrant further consultation or interventional procedures. Therefore, the request for a consult with pain management is not medically necessary.