

Case Number:	CM14-0002259		
Date Assigned:	01/24/2014	Date of Injury:	09/30/2012
Decision Date:	06/10/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/07/2014

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 Emergency Medicine, and is licensed to practice in New York. 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 53-year-old female who was injured on September 30, 2012, and continued to experience pain in her neck. Physical examination was notable for normal motor strength, pain/stiffness to the trapezius, and intact sensation. An MRI of the cervical spine on May 9, 2013 reported mild central canal stenosis and mild disc protrusions. Prior treatment included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: Many patients with chronic pain may be managed without specialty referral. Patients may require referral to a pain specialist for the following reasons: symptoms that are debilitating, symptoms located at multiple sites, symptoms that do not respond to initial therapies, and/or escalating need for pain medication. In this case, the patient was not taking any prescription medications. Trial and failure of initial therapies is not documented. The patient's

need for pain medications is not escalating. Epidural steroid injections are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case the physical examination does not support radiculopathy and electrodiagnostic testing is negative. As such, the request is not medically necessary.