

Case Number:	CM14-0003974		
Date Assigned:	04/28/2014	Date of Injury:	04/25/2011
Decision Date:	07/07/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/09/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, mid back, and shoulder pain reportedly associated with an industrial injury of April 25, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and trigger point injection therapy. In a utilization review report dated January 2, 2014, the claims administrator apparently denied a request for trigger point injection therapy and a pain management consultation. A November 12, 2013 progress note was handwritten, difficult to follow, not entirely legible, and notable for ongoing complaints of neck, shoulder, mid back, and low back pain. The applicant is having sleep disturbance secondary to pain. The applicant was reportedly using tramadol and Norflex as of that point in time. The applicant was given a rather proscriptive 10-pound lifting limitation, which the applicant's employer was reportedly unable to accommodate. A pain management consultation was apparently sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULT REGARDING CERVICAL SPINE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints, which prove recalcitrant to conservative management, should lead the primary treating provider (PTP) to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant has longstanding neck pain complaints. The applicant has seemingly failed to return to work. The applicant has tried and failed conservative treatment in the form of time, medications, physical therapy, and operative treatment in the form of shoulder surgery. If significant pain complaints persist, obtaining the added expertise of a physician specializing in chronic pain, such as a pain management physician, is indicated and appropriate. Therefore, the request is medically necessary, on independent medical review.