

Case Number:	CM14-0005332		
Date Assigned:	01/24/2014	Date of Injury:	10/14/2008
Decision Date:	06/27/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/15/2014

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:

Patient is a 53-year-old male who has submitted a claim for major depression, panic disorder, lumbar spinal stenosis, and cervical radiculopathy associated with an industrial injury date of October 14, 2008. Medical records from 2013 were reviewed. Patient complained of cervical pain, rated 4 to 6/10 in severity, radiating to the right upper extremity. Pain was associated with numbness and tingling sensation. Pain was graded 8/10 in severity, and relieved to 6/10 with medications. He likewise complained of low back pain radiating to the right lower extremity. Other symptoms noted were abdominal pain, constipation, stress, depression, anxiety, and sleep disturbance. This resulted to limitation in activities involving walking, climbing stairs, reaching, grasping, and self-care. Physical examination revealed restricted range of motion of the lumbar spine. Straight leg raise test was positive bilaterally. Motor strength, sensory testing, and reflexes were normal. Examination of the cervical spine revealed restricted range of motion, tenderness, and positive axial compression test. MRI of the cervical spine, dated September 5, 2012, revealed disks bulge with mild to moderate neuroforamina narrowing at C3 to C4, C4 to C5, C5 to C6, and C6 to C7 levels. Treatment to date has included lumbar fusion surgery and subsequent removal of hardware, 2 sessions of cervical epidural steroid injection on a 7/31/13, and 9/12/13; physical therapy, and medications such as Norco, Lidoderm patch, and Abilify, Cialis, Wellbutrin, Ativan, Risperdal, Ambien, and Soma. Utilization review from December 17, 2013 denied the request for pain management consult/follow up of the cervical spine because patient was being referred for an interventional treatment, however, there was no documentation concerning neurologic deficits and unresponsiveness to medications, that may necessitate a pain management consult.  

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULT/FOLLOW-UP, CERVICAL SPINE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN SECTION, OFFICE VISITS

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, patient was seen by a pain management specialist on 09/23/2013, and recommended cervical medial branch nerve blocks at bilateral C5-C7 levels. However, the procedure has yet to be authorized to date. Patient was last seen by the specialist on 12/02/2013. Review of each of the patient's prescribed medications, as well as its impact on function and activities of daily living was studied. Present goals included: to achieve enough pain relief to be able to perform activities, to improve quality of life, to increase participation in an exercise program, and to normalize sleeping pattern. The guideline criteria for follow-up consult has been established in order to assess and modify the treatment plan as necessary. However, the exact quantity of office visits was not specified. The request is incomplete, therefore, the request for PAIN MANAGEMENT CONSULT/FOLLOW-UP, CERVICAL SPINE is not medically necessary.