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| Case Number: | CM14-0007281 | | |
| Date Assigned: | 02/10/2014 | Date of Injury: | 10/13/2012 |
| Decision Date: | 07/02/2014 | UR Denial Date: | 01/08/2014 |
| Priority: | Standard | Application Received: | 01/20/2014 |

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 Anesthesiology, has a subspecialty in Pain Management 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 is a 52-year-old male who has submitted a claim for cervicgia associated with an industrial injury date of October 13, 2012. The patient complains of unrelenting neck pain radiating to the occiput. The pain was rated 4/10 without radicular component. He had undergone 6 sessions of decompression therapy and cervical traction with pain improvement. Physical examination of the cervical spine showed limitation of motion and a palpable muscular knot at the inion. MRI of the cervical spine revealed loss of lordosis and C6/C7 disc/osteophyte complex with associated foraminal narrowing. The diagnoses were cervicgia and tension headache. Treatment plan included a request for a pain management consultation. Treatment to date has included oral analgesics, physical therapy and decompression therapy and cervical traction. Utilization review from January 8, 2014 denied the request for pain management consult because the patient has non-radiating neck pain without indication for radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHAPTER 7, PAGE 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 - Independent Medical Examinations and Consultation pages 127 and 156.

Decision rationale: Pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations state that consultations are recommended, and a health practitioner 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, there were no reports of acute pain exacerbation or pain that is not amenable to oral medications. The medical records did not reveal uncertainty or complexity of issues on pain management. Furthermore, there was no indication of failure of current therapies for the patient's pain problems, which may warrant a referral to a pain management specialist. There is no clear rationale for the requested service; therefore, the request for pain management consultation is not medically necessary and appropriate.