MAXIMUS Federal Services

Case Number:	CM14-0109915		
Date Assigned:	08/01/2014	Date of Injury:	06/10/1997
Decision Date:	09/15/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/14/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 46-year-old male who reported an injury on 06/10/1997. The mechanism of injury was not submitted in the documentation. The injured worker has diagnoses of cervical spine musculoligamentous sprain with disc bulges, lumbar spine musculoligamentous sprain with disc protrusion, and subacromial impingement syndrome of the right shoulder. Past medical treatment consists of physical therapy and medication therapy. Medications include Vicodin, Fioricet, and Valium. No dosage, frequency, or duration was document in the submitted report. The injured worker underwent an MRI study of the cervical spine to evaluate for a superficial mass. The date it was obtained was not documented in the submitted report. The injured worker is status post-surgery of the cervical spine. The injured worker complained of severe pain in the neck and back. He described the pain as stiff with spasm. The injured worker described numbness and tingling for upper extremities and lower extremities. He stated that the pain radiated for both upper and lower extremities. There were no measurable pain levels documented in the submitted report but it was mentioned that the injured worker obtained relief with his pain medication. The physical examination dated 01/03/2014 revealed that the injured worker had a flexion and extension of 10 degrees of the cervical spine. Tenderness was palpable over the paravertebral and trapezial musculature. Spasms were present bilaterally. There was a tender palpable mass approximately 2 to 3 mm in size, which was soft and mildly moveable. Flexion of the lumbosacral spine showed 30 degrees lacking from fingertips to the floor. Extension was 10 degrees. Tenderness was palpable over the paravertebral musculature with spasm present. Upper and lower extremities revealed normal for motor strength, reflex, and sensory. Straight leg raising test in the seated and supine position produced pain in the lumbar spine bilaterally. The treatment plan is for the injured worker to have a spinal consultation, and a follow-up with pain management. The provider would also like the injured worker to continue

the use of medications. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly Psychotropic Medication Management x 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

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

Decision rationale: The injured worker complained of severe pain in the neck and back. He described the pain as stiff with spasm. The injured worker described numbness and tingling for upper extremities and lower extremities. The injured worker was post-operative of the cervical spine. It was not documented when the surgery took place. The California MTUS Chronic Pain Guidelines state if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The progress note dated 01/03/2014 stated that the injured worker had no changes in pain and was doing well. There were no new problems or side effects. The injured worker also stated to be continuing his medication treatment as prescribed. The injured worker stated that the medications were working well. Based on the injured worker's pain being adequately controlled with his current treatment, a medication management session would not be supported. Therefore, the request for Monthly Psychotropic Medication Management x 6 sessions is not medically necessary.