

<b>Case Number:</b>	CM14-0015831		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	06/11/2011
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Neurological Surgery 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 records presented for review indicate 65 year old male was injured on June 11, 2011. The current diagnoses include a brachial neuritis, degenerative disc disease in the cervical spine, a neck sprain/strain and cervical spinal stenosis. A progress note from July 2013 noted a multiple level cervical surgery as having been completed. Slow, steady progress is reported and there continued to be a fair amount of weakness in the bilateral upper extremities. Treatment included Norco and Gabapentin. The work status report indicated the injured employee was unable to return to work. Follow-up appointment noted physical therapy augmented with a home exercise protocol. Repeat MRI of the cervical spine completed in January 2014 noted the surgical intervention, a decompression of the spinal canal stenosis and ongoing foraminal narrowing. The physical examination was described as "unchanged" and it was felt that the rehabilitation process was "coming along." The medication protocol included Cymbalta and an integrated pain management protocol. A pain management summary evaluation was completed. It was felt that maximum medical improvement had not been reached. However, an impairment rating was assigned.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INTERGRATED PAIN MANAGEMENT 12 VISITS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain management programs Page(s): 33-34.

**Decision rationale:** In certain selected situations, such protocols can be recommended. However, the necessity is a function of the need and intensity of the protocol. When noting the date of injury, the treatment rendered and the ongoing complaints, there does not appear to be a clinical indication for a high intensity chronic pain protocol on a weekly basis. Therefore, based on the clinical information presented for review the request for twelve (12) integrated pain management visits is not medically necessary and appropriate.