

Case Number:	CM14-0015976		
Date Assigned:	04/21/2014	Date of Injury:	08/29/2012
Decision Date:	07/29/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/06/2014

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 patient is a 47-year-old female who has submitted a claim for cervicalgia, lumbago, and shoulder pain; associated with an industrial injury date of 08/19/2012. Medical records from 2013 to 2014 were reviewed and showed that patient complained of back pain, graded 8/10, and neck pain, graded 6/10, radiating to the right shoulder. Physical examination showed tenderness over the bilateral shoulders. Spasms were noted along the bilateral lumbar paraspinal muscles. Cervical, thoracic, and lumbar spine range of motion was decreased. Impingement, Neer's, and Hawkins tests were positive bilaterally. MRI of the cervical spine, dated 09/18/2012, showed reversal of cervical spine curvature, disc desiccation at C3-C4 to C6-C7, disc protrusion at C3-C4 through C6-C7, and unremarkable exiting nerve roots from C4 to C7. Treatment to date has included medications, acupuncture, chiropractic therapy, psychotherapy, physical therapy, and epidural steroid injection. Utilization review, dated 12/20/2013, denied the request for pain management consultation for possible epidural steroid injection because there was no evidence of radiculopathy, and physical examination did not include a neurologic examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Medicine Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Independent Medical Examinations And Consultations, page(s) 127, 156.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) Edition, (2004), Independent Medical Examinations and Consultation, page 127 and 156.

Decision rationale: According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, 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, patient complains of back pain with radicular symptoms despite current conservative treatment. Patient has persistence of pain despite acupuncture, chiropractic therapy, physical therapy, and medications. Pain management consultation was requested for epidural steroid consideration, which is beyond the expertise of the primary treating physician. Therefore, the request for PAIN MANAGEMENT CONSULTATION is medically necessary.