

<b>Case Number:</b>	CM14-0018004		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	02/19/2013
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 an employee of [REDACTED] and has submitted a claim for chronic cervical spine strain with degenerative disc disease C3-C7 and foraminal narrowing, right more than left radiculitis associated with an industrial injury date of 02/19/2013. Treatment to date has included left carpal tunnel release and right long/ring trigger finger injections on 07/11/2013, heat, exercise program, and medications such as Tylenol with codeine, tizanidine, Flexeril, and Norco. Medical records from 2013 to 2014 were reviewed showing that patient complained of persistent neck pain graded 6/10 in severity. Patient likewise complained of low back pain radiating to legs. She experienced numbness at left hand associated with discomfort during pulling, pushing, and grabbing activities. Heat and intake of medications alleviated pain. Physical examination showed tenderness over the paracervical region. There was swelling at the MP joint of the left thumb. Range of motion of cervical spine was 50% of normal. Motor strength was graded 5/5 at bilateral upper extremities. Using Jamar dynamometer, grip strength was 30 at right, and 22 at left; while pinch strength test was 6 at right, and 4 at left. Deep tendon reflexes were equal and symmetric. Provocative tests were unremarkable. Sensation was intact. X-ray of left wrist and hand, dated 03/18/2013, were normal. MRI of cervical spine, dated 12/10/2013, revealed mild straightening of the normal lordotic curvature, usually secondary to muscle spasm; multi-level disc protrusion and neural foraminal narrowing at C4-C5, C5-C6, and C6-C7. Utilization review from 01/29/2014 denied the request for referral to The Help Clinic for pain management because there was a simultaneous request for referral to Pain Management that was approved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REFERRAL TO THE [REDACTED] CLINIC FOR PAIN MANAGEMENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM 2ND EDITION GUIDELINES, CHAPTER 7, PAGE 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

**Decision rationale:** As stated on pages 31-32 of CA MTUS Chronic Pain Medical Treatment Guidelines criteria for functional restoration program (FRP) participation include an adequate and thorough evaluation; documentation that previous methods of treating chronic pain have been unsuccessful and that there is an absence of other options likely to result in significant clinical improvement; that the patient is not a candidate for surgery; and negative predictors of success above have been addressed. In this case, patient was advised to undergo acupuncture and cervical spine cortisone injection, however, she did not want any form of treatment involving needles. Thus, conservative methods of treating chronic pain have yet to be exhausted. Furthermore, a progress report dated 01/24/2014 stated that patient is a surgical candidate - an exclusion criteria for FRP. Furthermore, there is no documentation that negative predictors have been ruled out. Therefore, the request for referral to The [REDACTED] Clinic for pain management is not medically necessary.