

Case Number:	CM14-0019867		
Date Assigned:	04/28/2014	Date of Injury:	09/01/1994
Decision Date:	07/08/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/18/2014

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 49-year-old female, who has submitted a claim for lumbar sprain and strain, cervical spondylosis without myelopathy and cervicgia, associated with an industrial injury date of September 1, 1994. Medical records from 2013 were reviewed showing that the patient complained of persistent discomfort in cervical and lumbar spine associated with walking, standing, pushing, pulling and repetitive forceful activity. On physical examination, tenderness was noted on the cervical and upper thoracic paraspinous region with an associated loss of cervical motion. Examination of the lumbar spine showed tenderness on the lumbar paraspinous region. There was loss of forward flexion at 40 degrees, extension at 15 degrees and pain was noted with lateral bending at 20 degrees. X-ray reviews of the cervical, thoracic and lumbar spine done on August 22, 2013 showed C2-C7 cervical spondylosis, C3-C4 cervical protrusion, multi-level spondylosis at the thoracic region and L5-S1 spondylosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULT AND TREAT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 127, 156.

Decision rationale: As stated on pages 127 and 156 in the CA MTUS ACOEM Independent Medical Examinations and Consultations chapter, occupational 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, review of progress notes in 2013 showed persistence of symptoms despite the use of medications. The documented rationale for pain management consultation is for possible facet infections and RFTC procedure. However, the exact request for 'treat' is general and non-specific. Furthermore, the medical records did not discuss failure of other conservative management. Therefore, the request for pain management consult and treat is not medically necessary.