

Case Number:	CM14-0111631		
Date Assigned:	08/01/2014	Date of Injury:	08/06/2006
Decision Date:	09/09/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/17/2014

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 Internal 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 injured worker with the diagnoses of chronic cervicothoracic strain, mild cervical disk disease, myofascial pain, left shoulder sprain and tendinitis, radiating symptoms in the left arm, and chronic headaches. Date of injury was 08/06/09. Progress report dated 07-09-2014 documented that the patient was injured at work almost 5 years ago and continues to have problems with neck and upper back pain and radicular symptoms in the left arm. The patient received a repeat epidural steroid injection about 2 weeks ago. As usual, she notes excellent results with this injection. She reports greater than 70% relief of neck pain and left arm pain. In fact she noticed decreased pain in the left arm almost immediately after the injection. She does still complain of some discomfort in the left arm and paresthesias in the 4th and 5th fingers of the left hand. As a result of the injection she notes increased capacity to work and to type, and increased capacity for activities of daily living including sitting, doing dishes, doing laundry, and child care. In addition, she noted increased range of motion in the neck. The patient has troublesome headaches and at the last visit she was prescribed Ultracet for this purpose. This is working quite well for her. She uses 1-2 Ultracet tablets per day in addition to Ibuprofen. This provides her with a moderate amount of pain relief regarding the neck, the upper back, left arm, and headaches, and enables her to continue working. Objective findings included well developed woman, weight 259 stable, blood pressure 120/76, pain level 4/10 constant. Range of motion of the cervical spine remains slightly to moderately restricted. Spurling's test is weakly positive with some left arm radiating pain when she flexes her neck to the right side. Otherwise there is increased muscle spasm to the right and left sides at the base of the neck and both trapezius muscles. Range of motion of the shoulders is fairly full strength and reflexes are grossly intact in the upper extremities. The diagnoses were chronic cervicothoracic strain, mild cervical disk disease, myofascial pain, left shoulder sprain and tendinitis, radiating symptoms in the left arm,

chronic headaches, chronic neck pain, hypothyroidism, cervical spondylosis, and cervical radiculitis. An epidural steroid injection was performed on 06-23-2014. Utilization review decision date was 07-07-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation, cervical spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004), Chapter 7 Independent Medical Examiner, page 127.

Decision rationale: Medical treatment utilization schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. The patient is an injured worker with the diagnoses of chronic cervicothoracic strain, cervical disk disease, myofascial pain, left shoulder sprain and tendinitis, radiating symptoms in the left arm, chronic headaches, chronic neck pain, hypothyroidism, cervical spondylosis, and cervical radiculitis. Medical records document that the patient has medical conditions and issues that would benefit from the additional expertise of a pain management specialist. Per ACOEM guidelines, a pain management consultation is indicated. Therefore, the request for Pain management consultation is medically necessary.