

Case Number:	CM14-0112132		
Date Assigned:	08/01/2014	Date of Injury:	05/18/2008
Decision Date:	09/10/2014	UR Denial Date:	06/27/2014
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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 64-year-old male who reported an injury on 05/18/2008 due to slipping on a wet floor while he was carrying a basket. Diagnoses were cervicalgia, lumbago and sciatica. Past treatments have been physical therapy and a psychiatrist's consult. Diagnostic studies reported were an MRI of the lumbar spine, which revealed facet arthrosis L3-S1 levels and multilevel degenerative disc disease at the L3-4, L4-5 and L5-S1. Past surgical history was low back surgery, 2013 right shoulder for arthroscopy with biceps tenodesis and cuff repair for a very atritic tear. The injured worker had a physical examination on 07/10/2014 with complaints of pain reported in multiple body parts. Examination of the cervical spine revealed forward flexion was to 30 degrees, rotation to the right and left was to 30 degrees. Deep tendon reflexes of the upper extremities were 2+ bilaterally. Grip strength of upper extremity was from 3-/5 to 4/5. There was normal sensation to touch of the upper extremities, and positive for Waddell's sign. Examination of the lumbar spine for forward flexion, hands were 2 feet from the floor, extension was to 10 degrees, lateral bending to the left and the right was to 20 degrees. Straight leg raise was positive bilaterally. Deep tendon reflexes of the lower extremities at the L4 was 3+, left L4 was 2+, bilateral S1 was 2+. Medications were not reported. Treatment plan was for transfer of care to pain management for the cervical spine. The rationale stated that the injured worker was seeing a chronic pain management provider who was transferred out of the area. Request for Authorization was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transfer of Care to Pain Management for the Cervical Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Evaluation and Management (E&M).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Management Page(s): 79.

Decision rationale: The request for transfer of care to pain management to the cervical spine is certified. The California Medical Treatment Utilization Schedule states that pain management office visits are recommended at a frequency of every 2 weeks for the first 2 to 4 months, then they are recommended at approximate 1 and a half to 2 month intervals. The medical necessity was reported. Therefore, the request is certified.