

Case Number:	CM14-0124892		
Date Assigned:	08/11/2014	Date of Injury:	10/10/2012
Decision Date:	09/15/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/07/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Nevada. 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 40-year-old female who was reportedly injured on 10/10/2012. The mechanism of injury was noted as a fall. The most recent progress note dated 6/18/2014, indicated that there were ongoing complaints of neck pain, left shoulder pain and left lower extremity pain. The physical examination demonstrated cervical spine slight forward neck position and positive tenderness of the cervical paraspinal and bilateral trapezius muscles. There was also tenderness over the scapular area. Range of motion was with discomfort on rotation to the left side. Right shoulder had positive tenderness over the lateral aspect and posterior joint space. Range of motion was painful and restricted. Motor and sensory nerve tests within normal limits. Diagnostic studies included an MRI of the cervical spine, dated 2/3/2014, which revealed muscle spasm, 2 mm to 3 mm disc protrusion at C6-C7, osteophyte at C6, and flattening the spinal cord at that level. Previous treatment included activity modification and medication. A request was made for evaluation for chronic pain management program and was not certified in the pre-authorization process on 7/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation for multidisciplinary chronic pain management program with [REDACTED]:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Multidisciplinary Pain Programs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: After review, of the medical records provided, it was noted that the injured worker does have an exacerbation of pain rated as an 8 out of 10 on this date of service. It is noted that the patient has been offered surgery but is pending a 2nd opinion at this time. It is also noted the patient has been offered epidural steroid injections as well. There is no documentation of what the current medication regimen is for this patient, or what conservative treatments she has failed other than activity modification. Therefore, the request for consultation for a chronic pain management program is not medically necessary.