

Case Number:	CM14-0153433		
Date Assigned:	09/23/2014	Date of Injury:	10/01/2007
Decision Date:	11/26/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/19/2014

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 and Rehabilitation, has a subspecialty in Pain 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:

This is a female injured worker with a date of injury of October 1, 2007. A utilization review determination dated September 11, 2014 recommends non-certification of pain management consultation. A progress note dated September 4, 2014 identifies subjective complaints of persistent pain in the neck that is escalating, and an independent medical review has denied her CT scan. Current medications include Flexeril 7.5 mg b.i.d. PRN, Ativan 0.5 mg, Norco 10-325 one tablet every 4 to 6 hours as needed for pain, Percocet 5-325 1 tablet every 6 hours as needed, and ProAir HFA. Physical examination identifies mild cervical paraspinal muscle tenderness and moderate cervical spine limitation of range of motion secondary to pain. Diagnoses include cervicalgia, degenerative disc disease of the cervical spine, and cervical radiculopathy. The treatment plan recommends a referral for a pain management consultation to take over treatment of chronic pain due to the injured worker's persistent neck pain that continues to escalate. The injured worker's medications were switched to 5 Norco per day, Flexeril, and naproxen. The treatment plan also recommends that the injured worker proceed with a CT scan of the cervical spine through her private insurance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management-Takeover of Care Of Chronic Pain: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation State of Colorado, Chronic Pain Disorder Medical Treatment Guidelines, Exhibit Page Number 52

Decision rationale: Regarding the request for referral for pain management to take over care of chronic pain, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, the injured worker has ongoing pain in the cervical spine. Specialty consultation with a pain management specialist may help to clarify the pain issues related to the cervical spine. As such, the currently requested referral to pain management to take over care of chronic pain is medically necessary.