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| Case Number: | CM14-0155217 | | |
| Date Assigned: | 09/25/2014 | Date of Injury: | 06/11/2012 |
| Decision Date: | 12/24/2014 | UR Denial Date: | 08/29/2014 |
| Priority: | Standard | Application Received: | 09/23/2014 |

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 Anesthesia, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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:

According to the documents available for review, the patient is an injured female worker. The date of injury is 6/11/12. The patient sustained an injury to the cervical spine and shoulder. The specific mechanism of injury was not fully elaborated on in the notes available for review. The patient currently complains of pain in the neck. The current diagnosis is cervicgia. A request for pain management consultation was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation and treatment: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) Consultation

Decision rationale: According to the American College of occupational environmental medicine guidelines chapter 7, an initial referral to a specialist are warranted when specialty treatment may benefit the patient. An initial consultation for a pain specialist appears appropriate based on the

patient's continued ongoing pain. Therefore at this time the requirements for treatment have been met and medical necessity has been established.