

Case Number:	CM14-0165192		
Date Assigned:	10/10/2014	Date of Injury:	06/24/2014
Decision Date:	12/02/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/07/2014

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 Texas and Oklahoma. 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 53-year-old male who reported an injury on 10/24/2014. The mechanism of injury was being struck from the side to the left shoulder and upper left back by heavy cables. The injured worker has diagnoses of cervical/CADS injury, cervicothoracic subluxation, and cervical myospasm. Past medical treatment consists of physical therapy, pain management, and medication therapy. Diagnostic studies consisted of an MRI of the cervical spine and an EMG/NCV. On 10/08/2014, the injured worker complained of shoulder pain/arm pain. It was noted on physical examination that the cervical spine had pain and swelling. T4 through T8 bilaterally had spasms. There was right shoulder pain. There was sensory loss at C5 to C7. The medical treatment plan was for the injured worker to continue with pain management of the cervical spine. The rationale and Request for Authorization Form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management (Cervical): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, (Chapter 7) page 127, as well as Official Disability Guidelines - TWC 2014 notes; Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits

Decision rationale: The request for a pain management consultation is not medically necessary. The ODG state that determination of an evaluation is based on what medications the patient is taking, since medications such as opiates, or medications such as certain antibiotics, require close monitoring. As evidenced by the reports submitted for review, there was no indication of the injured worker taking any opioids or antibiotics. The determination of the necessity of an office visit that requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the healthcare system through self-care as soon as clinically feasible. There was no documented evidence showing how a pain management consultation would benefit any functional deficits the injured worker might have. Given the above, the injured worker is not within the ODG criteria. As such, the request is not medically necessary.