

Case Number:	CM14-0021606		
Date Assigned:	05/07/2014	Date of Injury:	07/01/2012
Decision Date:	07/09/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/20/2014

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, and Pain Management, has a subspecialty in Interventional Spine 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:

The patient is a 59-year-old female with a date of injury 07/01/2012. According to the treating physician's report, 01/28/2014, listed diagnoses were spondylosis, myelopathy, cervical strain/sprain. Treatment plan was for follow-up. The report is by an occupational medicine physician. This report also mentions that the patient is working full duty, needs refill of Motrin, and has current complaints of neck and bilateral shoulder pain. The patient states having worsening pain, moderate intermittent sharp bilateral shoulder pain that restricts reaching and lifting of the arms due to increased pain. Recommendation was for physical medicine rehab consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL MEDICINE CONSULTATION (INCLUDING X-RAYS AND A STEROID INJECTION): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

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 , CHAPTER 7, PAGE 127.

Decision rationale: The patient presents with persistent neck and shoulder pains. The patient is working full duty and has noticed increased pain. The request is by an occupational medicine physician who has asked for consultation with physical medicine rehabilitation including x-rays, and a steroid injection . The request is medically reasonable and consistent with ACOEM Guidelines. ACOEM Guidelines page 127 indicates that for complex cases, occupational medicine physician may ask for consultation with a specialist for additional evaluation. Given the patient's persistent shoulder and neck pain, referral to physical medicine specialist is appropriate including necessary x-rays and steroid injection into the shoulder. The request for physical medicine consultation including x-rays and a steroid injection is medically necessary and appropriate.