

Case Number:	CM14-0031979		
Date Assigned:	06/20/2014	Date of Injury:	10/15/2009
Decision Date:	07/29/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/13/2014

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 Management 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 patient with a date of injury of 10/15/09. A utilization review determination dated 3/3/14 recommends modification of a request for physiatry eval and treat with a specific provider to a physiatry evaluation only. 2/20/14 medical report identifies an exacerbation of pain over the last week localized to the right side of the neck and base of the skull. Pain increases with neck flexion and extension. On exam, there is discomfort on palpation. A physiatry consultation was recommended to further evaluate for focal area of muscular based headache and muscle contraction for consideration of trigger point injection and/or other diagnostic/therapeutic modalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiatry eval and treatment with [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7.

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 Independent Medical Examinations and Consultations, Page 127.

Decision rationale: Regarding the request for physiatry evaluation and treatment, 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 patient had a recent exacerbation of pain and the provider recommended a physiatry consultation to further evaluate for focal area of muscular based headache and muscle contraction for consideration of trigger point injection and/or other diagnostic/therapeutic modalities. An evaluation is appropriate to determine if interventional procedures may be useful and/or to help develop an appropriate treatment plan. However, an open-ended request for treatment is not supported, as the need for any specific treatment will depend in part on the results of the evaluation. The prior utilization review appropriately modified the request to certify an evaluation only, but unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physiatry evaluation and treatment is not medically necessary.