

Case Number:	CM14-0033472		
Date Assigned:	06/20/2014	Date of Injury:	10/25/2012
Decision Date:	08/22/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/17/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 60-year-old male who reported an injury on 10/25/2012, due to motor vehicle accident. The injured worker's diagnoses were status post motor vehicle accident, cervical sprain/strain, thoracolumbar sprain/strain, no evidence of radiculopathy to rule out close head injury, and increasing episodic events of anxiety and depression necessitating emergency room visits. Past treatments for the injured worker include physical therapy, psychotherapy sessions and moist heat packs. The injured worker's diagnostic were an magnetic resonance imaging (MRI) of the cervical spine on 07/24/2013, an x-ray of the left ribs and chest on 11/06/2012 with no evidence of pneumothorax or pleural effusion, an electroencephalography (EEG) and brain MRI on 10/29/2012. Chest x-ray on 10/27/2012 revealed slight cortical step off the left fifth rib posterolaterally compatible with the rib fracture. The injured worker was complaining of pain in his neck, arms, low back, and legs. On physical examination dated 06/13/2014, cervical range of motion was mildly restricted in the cervical spine and sensation was decreased in the right thigh. The injured worker had significant pain and rated pain at 5/10 with range of motion of his left shoulder and the lumbar spine was deferred due to being in a brace for a compression fracture. The injured worker's medication was Tylenol as needed, Norvasc 10 mg, Effexor 225 mg, Lyrica 25 mg, Klonopin 0.25 mg, and Cozaar 25 mg. The provider's treatment plan was for x-ray of his compression fracture and a follow-up in a few weeks for re-evaluation. The treatment plan also included a request for transfer of care to pain management. The rationale for the request was not documented with the documentation submitted for review. The request for authorization form was not provided with the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transfer of care to pain management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Introduction Page(s): 1.

Decision rationale: The request for Transfer of care to pain management is not medically necessary. According to the California MTUS states if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The injured worker has been complaining of neck pain and back pain and has been receiving physical therapy with documented gains. The injured worker rated pain on previous clinical visits at 4/10-5/10; however, there was no pain score noted on the most current visit. Therefore, the request for Transfer of care to pain management is not medically necessary.