

Case Number:	CM14-0034563		
Date Assigned:	06/20/2014	Date of Injury:	01/27/2011
Decision Date:	07/22/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/20/2014

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 Orthopedic Surgery 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 injured worker is a 49-year-old male who was reportedly injured on January 27, 2011. The mechanism of injury was not listed in the records reviewed. The most recent progress note indicates that there are ongoing complaints of neck and right shoulder pain. The physical examination demonstrated tenderness to palpation, a decrease in shoulder and cervical range of motion and negative Spurling's test. Diagnostic imaging studies were not presented for review. Previous treatment included injection therapies, oral medications, trigger point injections and right shoulder surgery. A request was made for a pain management protocol and was not certified in the pre-authorization process on February 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Treatment for the cervical spine (c/s): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : pages 98-99 of 127 Page(s): 98-99.

Decision rationale: The request for "pain management" is overly vague. It is not clear if this is for a chronic pain physical therapy protocol, a functional restoration protocol or simply a consultation to address the pain complaints. Therefore, based on the lack of appropriate clinical information, there is no established medical necessity for such a request.