

Case Number:	CM14-0040277		
Date Assigned:	04/23/2014	Date of Injury:	10/18/2012
Decision Date:	07/04/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/18/2014

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 Occupational Medicine 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 62 year old female whose date of injury is 10/18/2012. The mechanism of injury is described as restraining a student. The student hit her in the sternum with his head and pulled her to the ground. Evaluation dated 10/23/13 indicates that the injured worker complains of neck pain, bilateral shoulder pain and low back pain. Treatment to date includes left shoulder injection, diagnostic testing, physical therapy and acupuncture. Diagnoses are listed as cervical disc degeneration, cervical spondylosis, cervical sprain/strain, lumbosacral disc degeneration, lumbar spondylosis without myelopathy, lumbar sprain/strain, spondylolisthesis, shoulder sprain/strain, and shoulder impingement. Re-evaluation dated 01/10/14 indicates that she is awaiting authorization for pain management consultation and treatment for neck and low back pain. Note dated 04/11/14 indicates that cervical range of motion is flexion 55, extension 60, bilateral lateral bend 25 and bilateral rotation 75 degrees. Sensation is intact. Motor strength is 5/5 throughout. Lumbar range of motion is flexion 55, extension 20, bilateral lateral bend 25 and bilateral rotation 30 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULTATION NECK AND BACK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: Based on the clinical information provided, the request for pain management consultation neck and back is not recommended as medically necessary. It is unclear how the consultation will aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work as required by ACOEM guidelines. There is no clear rationale provided to support the requested consultation at this time.