

<b>Case Number:</b>	CM14-0045475		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/09/2013
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 60-year-old female who has submitted a claim for cervical, thoracic, and lumbar sprain/strain associated with an industrial injury date of 10/09/2013. Medical records from 10/09/2013 to 03/04/2014 were reviewed and showed that patient complained of neck pain graded 6-7/10, back, left buttock, and left lateral leg pain graded 6/10. There was no reported radiation or numbness with the pain. Physical examination revealed no tenderness over the cervical and lumbar paravertebral muscle. Decreased cervical and lumbar spine range of motion (ROM) was noted. Sensation to light touch was intact over bilateral lower extremities. DTRs were 2/4 for bilateral lower extremities. Spurling's and compression tests were positive. SLR test was negative. Sensation to light touch was decreased at left lower leg. MRI of the cervical spine dated 01/28/2014 revealed C5-6 degenerative disc disease with mild central and bilateral neuroforaminal narrowing. Treatment to date has included physical therapy, chiropractic care, and pain medications. Utilization review dated 03/03/2014 denied the request for pain management consultation, cervical, thoracic, and lumbar spine because the medical reasoning behind the referral is not evident from the supplied reports.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Consultation, cervical, thoracic and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 1.

**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) Independent Medical Examinations and Consultations chapter, pages 127 and 156.

**Decision rationale:** As stated on pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines referenced by CA MTUS, occupational health practitioner may refer to other specialists 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. In this case, improvement in cervical neck pain (02/14/2014) and good response to physical therapy (PT) (12/03/2013) were documented. There was no discussion as to why pain management referral is needed. Therefore, the request for Pain Management Consultation, cervical, thoracic and lumbar spine is not medically necessary.