

<b>Case Number:</b>	CM14-0051048		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	03/07/2002
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Physical Medicine & Rehabilitation, 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 65-year-old female who reported an injury on 03/07/2002. The mechanism of injury was not provided within the medical records. The clinical note dated 03/04/2014 indicated non-allopathic lesion of cervical lesion, non-allopathic lesion of thoracic region, and non-allopathic lesion of upper extremities. The injured worker reported exacerbated flared up frequent neck pain and headaches rated 8/10 as aching and sharp. The injured worker reported shoulder pain on the right rated 7/10. The injured worker scored a 70 percent dysfunction in activities of daily living on functional index. On physical examination of the cervical range of motion, flexion was 40 degrees, extension was 30 degrees, left lateral flexion was 25 degrees, right lateral flexion was 20 degrees, left rotation was 50 degrees and right rotation was 55 degrees. The injured worker's cervical compression was positive bilaterally with local pain. The injured worker's foraminal compression was positive on the right with local pain. The shoulder depression was positive on the left with local pain, and the cervical Derfield was positive on the right with local pain. The injured worker's prior treatments included chiropractic therapy, diagnostic imaging, and medication management. The provider submitted a request for referral for pain management. A Request for Authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) referral for pain management consult related to cervical spine as outpatient:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM-  
<https://www.acoempracguides.org/> Cervical and Thoracic Spine; Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

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

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines state if complaints persist, the treating physician needs to reconsider the diagnosis and decide whether a specialist is necessary. The injured worker is twelve years status post neck strain. There was a lack of documentation of neurological deficits and lack of sensory deficits in the documentation submitted for review. In addition, there was a lack of diagnostic imaging in the documentation submitted for review. Moreover, the provider did not indicate a rationale for the request. A pain management consult is not warranted at this time. As such, the request for one (1) referral for pain management consult related to cervical spine as outpatient is non-certified.