

Case Number:	CM14-0057361		
Date Assigned:	07/09/2014	Date of Injury:	10/09/2010
Decision Date:	09/09/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/28/2014

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:

This is a 59-year-old male with a 10/9/10 date of injury. The mechanism of injury was when he lifted a box at work and walked backwards, but he forgot there was a rack behind him. He struck his head on the rack, which propelled him abruptly forward, resulting in a stabbing pain in the low back. According to a 4/21/14 progress report, the patient reported constant pain described as a pulling sensation on the left side of his neck. He also complained of constant shoulder pain with numbness, tingling, and a hot sensation in his entire left upper extremity. There was constant pain in his low back with radiation into his left leg causing numbness and tingling, occurring constantly. Objective findings: tenderness to palpation of left paravertebral and trapezius, sensation was intact in upper extremities to light touch and pinprick, tenderness to palpation of bilateral paravertebral tenderness, limited range of motion (ROM) of lumbosacral spine and cervical spine. Diagnostic impression: chronic cervical strain and lumbar strain, status post left rotator cuff repair and Mumford procedure. On the 8/11/11 cervical MRI results demonstrated severe canal stenosis at multiple levels and severe bilateral neural foraminal narrowing at multiple levels. Treatment to date: medication management, activity modification, physical therapy, surgery, lumbar and cervical ESI. A utilization review (UR) decision dated 4/22/14 denied the request for referral for evaluation and treatment. The further definition of this request as well as a medical report for this date of service were not provided. No further information has been presented. Medical necessity, therefore, has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for evaluation and treatment (QTY:1): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 - Independent Medical Examinations and Consultations pages 127 & 156 and on the Non-MTUS Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: CA MTUS states that "consultations are recommended, and a 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." According to a 6/9/14 progress report, it is documented that the provider would like to refer the patient to a specialist in the field of pain management for a series of epidural injections. Guidelines support consultations if the primary treating provider feels it is necessary. However, there is no specific indication that diagnostic and therapeutic management were exhausted within the treating provider's scope of practice. There is no clinical evidence of radiculopathy to corroborate that the patient would meet guideline criteria for epidural steroid injections. The specific response to previous cervical ESI in terms of duration and degree of objective improvement was not adequately assessed. Therefore, the request for Referral for evaluation and treatment (QTY:1) was not medically necessary.