

Case Number:	CM14-0074135		
Date Assigned:	07/16/2014	Date of Injury:	04/12/2013
Decision Date:	09/08/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/21/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 34 year old female with an injury date on 04/12/2013. Based on the 04/15/2014 progress report provided, the diagnosis is neck sprain and strain. According to this report, the patient complains of pain at the cervical spine to right upper extremity with headaches. Tenderness and spasm are noted at the cervical spine. Range of motion is decreased. There were no other significant findings noted on this report. Provider is requesting pain management consultation. The utilization review denied the request on 04/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

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) chapter 7, page 127.

Decision rationale: According to the 04/15/2014 report, this patient presents with headaches, neck pain and right upper extremity pain. The treater is requesting pain management

consultation. The utilization review denial letter states "There is inadequate documentation of result with conservative management of symptoms with initial care measures." Regarding consultations, ACOEM states that the 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, the patient continues to experience chronic neck pain with headaches that the treater has asked for pain management evaluation. The request appears reasonable and medically indicated.