

Case Number:	CM14-0082597		
Date Assigned:	07/21/2014	Date of Injury:	09/19/2010
Decision Date:	12/25/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/04/2014

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 Preventive 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:

According to the records made available for review, this is a 60-year-old male with a 9/19/20 date of injury. At the time (5/14/14) of request for authorization for Pain management, there is documentation of subjective (neck pain) and objective (tenderness over cervical spine with decreased range of motion and positive cervical facet loading) findings, current diagnoses (cervical radiculopathy, cervical stenosis, and cervical facet arthropathy), and treatment to date (previous medial branch block and medications). There is no documentation that diagnosis is uncertain or extremely complex, those psychosocial facts are present, or that the plan or course of care may benefit from additional expertise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations) Chapter 7, page 127 Official Disability Guidelines (ODG) Pain Chapter, Office visits

Decision rationale: MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, cervical stenosis, and cervical facet arthropathy. However, given no documentation of a rationale identifying the medical necessity of the requested pain management, there is no documentation that diagnosis is uncertain or extremely complex, that psychosocial facts are present, or that the plan or course of care may benefit from additional expertise. Therefore, based on guidelines and a review of the evidence, the request for Pain management is not medically necessary.