

<b>Case Number:</b>	CM14-0091015		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Medicine and is licensed to practice in Texas and Florida. 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 39 year old female who was injured on 3/1/2013. The diagnoses are headache, thoracic spine and lumbar spine pain. There are associated diagnoses of insomnia, muscle spasm and mild traumatic brain injury. The patient completed chiropractic treatments with [REDACTED] Carpenter and [REDACTED]. There is a history of past lumbar facet median branch block and facet rhizotomy. On 4/28/2014, [REDACTED] noted full range of motions of the spine. There were no changes noted on 6/6/2014. A Utilization Review determination was rendered on 5/27/2014 recommending non certification for Pain Management consultation for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Consult for Cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 87-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that patients can be referred to other specialists if the diagnosis is uncertain, extremely complex or when the course

of care may benefit from additional expertise. The records indicated that there were no objective findings indicating neuromuscular deficits. The patient was noted to have a full range of motion. The chiropractic and PT records did not show any development of new symptoms since 2013. The criteria for Pain Management Consultation for the cervical was not met.