

<b>Case Number:</b>	CM14-0155227		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	11/26/2013
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 44 year old female, who sustained an industrial injury on November 26, 2013. She reported an explosion where a chemical hit her on the left side of her head causing headaches. The injured worker was diagnosed as having second degree scalp burn, cervical spine sprain and strain and head contusion. Treatment to date has included diagnostic studies and medication. On December 17, 2013, the injured worker complained of persistent head pain only on the left side. Her neck pain was reported to be slowly improving. On December 30, 2013, the injured worker reported no relief with six physical rehab visits. She complained of headaches and decreased sleep. The treatment plan included acupuncture, MRI and a follow-up visit. Orthopedic follow-up notes dated September 3, 2014, stated that the injured worker continued to have upper neck pain with some radiation of pain going down her left upper extremity. The treatment plan included acupuncture for the neck, pain management consultation and treatment for possible neck injection and a follow-up visit. On September 11, 2015, utilization review denied a request for pain management consult and treatment for possible neck injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consult and treatment for possible neck injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 92.

**Decision rationale:** According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the claimant did not have MRI abnormalities or other indications for invasive procedures. The ACEOM guidelines do not recommend invasive procedures due to their short term benefit. The request for a pain consultation is not medically necessary.