

Case Number:	CM14-0197381		
Date Assigned:	12/05/2014	Date of Injury:	02/16/2013
Decision Date:	01/27/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/25/2014

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 50 year old who was injured on 2/16/2013. The diagnoses are right shoulder rotator cuff tendinitis and impingement syndrome, cervical radiculopathy, cervical disc disease and neck pain. There are associated diagnoses of anxiety and depression. The past surgery history is significant of a right shoulder surgery on 12/2/2014. The 2010 MRI of the cervical spine was noted to show C5-C6 and C6-C7 disc bulges, facet arthropathy, severe neuroforaminal stenosis with possible C5 impingement. On 11/19/2014, [REDACTED] noted subjective complaint of neck pain radiating to the upper extremities. There are associated numbness and tingling of the right hand. The neurological examination of the upper extremity was noted to be intact. On 11/12/2014, [REDACTED] noted decreased range of motion of the cervical spine and tenderness to palpation of the paraspinal areas. The patient completed the authorized PT but did not observe beneficial effects. The medications listed are ibuprofen, tramadol, Norco, Flexeril, Protonix and Nalfon. A Utilization Review determination was rendered on 11/7/2014 recommending non certification for Referral to Pain Management specialist consult re: cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 referral to pain management specialist for consult (only) re: cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32, 87-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Neck and Upper Back.

Decision rationale: The CA MTUS and the Official Disability Guidelines (ODG) guidelines recommend that chronic pain patients can be referred to pain management specialist when the diagnoses is complex or when additional expertise is necessary for treatment of the patient. The records indicate that the patient have subjective and radiological findings consistent with cervical radiculopathy. The patient completed shoulder surgery, physical therapy and medications management but the cervical spine pain persisted. Therefore, the criteria for a pain management consult for cervical spine was met. As such, this request is medically necessary.