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| Case Number: | CM14-0202346 | | |
| Date Assigned: | 12/12/2014 | Date of Injury: | 10/23/2013 |
| Decision Date: | 02/05/2015 | UR Denial Date: | 11/06/2014 |
| Priority: | Standard | Application Received: | 12/03/2014 |

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 Family Practice and is licensed to practice in Colorado. 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:

This 54 year old male sustained work related industrial injuries on October 23, 2013. The Documentation noted that the injured worker was lifting a chair with another individual who dropped his end and the chair reportedly struck the injured worker in the middle of his back. The injured worker was diagnosed and treated for cervical pain, thoracic pain, lumbar pain, ankle and foot pain, and sciatica. Treatment consisted of diagnostic studies, prescribed medications, chiropractic therapy, physical therapy, and periodic follow up visits. Per treating provider report dated October 14, 2014, the injured worker continued to complain of neck and back pain. Injured worker's thoracic pain and neck pain level was 7/10. Low back pain was 4/10. Objective findings revealed moderate to severe decrease in range of motion for cervical, thoracic and lumbar regions. Documented exam noted tenderness in bilateral cervical, thoracic and lumbar regions. Orthopedic exam revealed a positive bilateral straight leg raising test, positive Kemp's test and positive shoulder depression test. The treating physician recommended pain management for evaluation/treatment (cervical) now under review. On November 6, 2014, the Utilization Review (UR) evaluated the prescription for pain management evaluation/treatment (cervical) requested on October 24, 2014. Upon review of the clinical information, UR modified the request to a pain management consultation, noting the pain management treatment of unknown content is not recommended at this time. This UR decision was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management evaluation/treatment (cervical): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OMPG, Second Edition, (2004), Chapter 7, page 127 - Consultation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Chapter 6

Decision rationale: The MTUS Guidelines do not specifically address indications for consultation, so the ACOEM Guidelines were consulted. Per the ACOEM Guidelines, consultation is recommended when the patient's chronic pain condition is related to patient's poor function and no cause is clearly evident. Consultation with a specialist can be used then to confirm diagnosis and/or devise treatment regimen, particularly if diagnosis is uncertain or complex, or if psychosocial factors confound. Consultants can also assist in assigning loss, assessing medical stability and determining fitness to return to work. The specialist may offer just advice / input or take over patient care for a given condition. The choice of specialist to consult will depend on the patient (medical, physical, psychological) needs. For the patient of concern, no documentation is supplied that indicates patient has had diagnostic testing to identify the true cause of symptoms. Furthermore, nothing in the records indicates a specific complication or complexity relating to the neck issue (no symptoms to suggest urgent needs) that would require specialist treatment. While evaluation by Pain Management would be indicated to more clearly diagnose the problems, treatment by Pain Management would not necessarily be required as there is not yet a confirmed diagnosis. As part of the request is not yet indicated, the entire request would not be indicated. This request is not medically necessary.