

Case Number:	CM14-0203134		
Date Assigned:	12/15/2014	Date of Injury:	01/20/2009
Decision Date:	02/06/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/04/2014

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 Physical Medicine Rehab, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 45 year old female with a work injury dated 1/20/09 while working as a head floor leader at a home store center. The diagnoses includes chronic neck pain and pain in the left arm, insomnia, depression and status post cervical fusion in August 2013. Her conservative treatment has included acupuncture, physical therapy, medication management, work modification, epidural steroid injections. There is an 8/13/14 panel qualified medical legal evaluation that states that the patient injured her neck in 2009. She has not has post operative physical therapy. She was able to keep working until 2013 when her primary treating physician referred her to a surgeon. On exam she has a cervical anterior scar. She has no clear motor weakness. She has sensory loss in the entire left arm but no reflex asymmetry. Her upper extremity EMG was entirely normal. A psychological measures assessment states that she has high level of psychological distress contributing to her pain and disability. She requires mental health evaluation and treatment and a psychiatric evaluation. She remains temporarily totally disabled. The patient is not P & S. complains of left arm burning pain, weakness, insomnia, depression. She will need further post operative care including cervical spine PT, physical therapy, spinal surgery follow up. She needs a new primary treating physician and may be a good candidate for a functional restoration program if she does not need further surgery. The patient will need a functional capacity evaluation as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transfer of care-Pain management (metropolitan pain management consultants, INC):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Office visits.

Decision rationale: Decision for Transfer of care-Pain management (metropolitan pain management consultants, INC) is not medically necessary per the MTUS Guidelines and the ODG. The MTUS Chronic Pain Medical Treatment Guidelines state that selection of treatment must be tailored for the individual case. Whether the treatment is provided by an individual provider, a multidisciplinary group of providers, or tightly integrated interdisciplinary pain program, it is important to design a treatment plan that explains the purpose of each component of the treatment. The MTUS ACOEM states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation is not clear on the rationale for requiring a transfer of care for pain management. Additionally, the documentation is not clear that the patient has exhausted all recommendations to assist the patient's current care such as mental health treatment for her high level of psychological distress contributing to her pain and disability. For these reasons the request a transfer of care-pain management is not medically necessary.