MAXIMUS Federal Services

Case Number:	CM14-0204420		
Date Assigned:	12/16/2014	Date of Injury:	06/04/2012
Decision Date:	02/10/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/08/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 is a patient with a date of injury of June for 2012. A utilization review determination dated November 25, 2014 recommends noncertification for consult and treat cervical spine with neurosurgeon and management referral takeover narcotic prescribing/pain management. A report dated November 26, 2014 recommends a physical therapy home program, MRI of the cervical and lumbar spine, neurosurgery consult "recommending surgery pending appeal," and pain management referral to take over pain medication prescribing. The remainder of the progress report indicates that the patient is taking hydrocodone, Skelaxin, Motrin, Thyazid, Dulcolax, and atenolol. Subjective complaints indicate that his neck is flared up due to cold weather but his shoulders doing better. Is requesting a refill of ibuprofen I would like to restart Flexeril. His pain is rated as 9+/10. He will speak to his attorney regarding denial of surgery. Physical examination reveals restricted cervical range of motion with positive trigger points, Spurling's sign, and shoulder impingement sign. The treatment plan recommends pain management referral to take over pain medication prescribing. The note states "I will no longer prescribe controlled/narcotic pain medications to patients after 60 days post injury due to recent changes in the standard of care requiring pain contracts, periodic urine drug testing, CURES report review, utilization review, and the change of Vicodin and codeine to schedule 2 narcotics."

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult and treat cervical spine with neurosurgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Neck and Upper Back, Surgical Considerations, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, page 127.

Decision rationale: Regarding the request for consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it appears that the patient has previously seen a neurosurgeon who recommended surgery. It is unclear why a repeat consultation would be needed. Additionally, the request is for "treat cervical spine." This type of open-ended request is not supported by guidelines as the treatment being requested is not well defined. Due to the above issues, the currently requested "consult and treat cervical spine with neurosurgeon" is not medically necessary.

Pain management referral, take over narcotic prescribing/pain management: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM Guidelines, chapter 7, Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, page 127.

Decision rationale: Regarding the request for consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the treating physician has stated that he no longer feels comfortable prescribing opiate pain medications over 60 days after an injury. Due to recent legislative changes, many primary treating physicians no longer feel comfortable prescribing opiate pain medication due to increased oversight. The patient is taking controlled substance medication. As such, referral to a pain management specialist seems reasonable. Therefore, the currently requested pain management referral is medically necessary.