

Case Number:	CM14-0206906		
Date Assigned:	01/13/2015	Date of Injury:	07/05/2013
Decision Date:	02/20/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/10/2014

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: Colorado

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:

37 year old female with cumulative trauma from 12/1/2012 - 7/5/2013 continues care with treating physician and specialists. Patient complaints include cervical radiculopathy, mid and low back pain, with disc disease noted cervical and lumbar on MRI November 2014. Patient has undergone multiple conservative therapies including Physical therapy, acupuncture, chiropractic care, and neurostimulation trial. Per the records, patient has also been trialed and/or maintained on various medications including Cyclobenzaprine, Naprosyn, Mentherm gel and other topicals. Patient has also been evaluated by Orthopedics and Pain management in the past, with regard to the neck and shoulders, and by Ophthalmology for vision changes / ptosis issues. The treating physician requests "initial" pain management consult for neck and thoracic regions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Initial visit with pain management for the neck: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 163, 803-804, 859-860. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapters 6 and 10, page(s) 163, 803-804, 859-860.

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 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 needs. (Medical, Physical, Psychological) Per the records supplied for the patient of concern, the patient has already seen pain management for comprehensive evaluation and follows up (March 24, 2014 and September 18, 2014) and recommendations have been made by Pain Management regarding neck issues. As patient has already had initial and follow up pain management evaluations for the neck, another initial Pain Management consult for the neck would not be indicated. Therefore the request is not medically necessary.

1 Initial visit with pain management for the thoracic region: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 163, 803-804, and 859-860. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapters 6 and 10, page(s) 163, 803-804, and 859-860.

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 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 needs. (Medical, Physical, Psychological) Review of the records for the patient of concern reveals that patient did have a Pain Management consult March 24, 2014, and the mid back pain was mentioned in that visit. However, that and subsequent pain management evaluation and recommendations dealt strictly with patient's neck issues. Therefore, patient has not actually had an evaluation and recommendations or treatment through pain management with regard to thoracic region. Patient does have ongoing symptoms, including mid-back pain, despite multiple interventions, so for the thoracic region, initial Pain Management consultation would be medically necessary.

