

Case Number:	CM15-0004581		
Date Assigned:	01/15/2015	Date of Injury:	03/14/2012
Decision Date:	03/18/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/08/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 48 year old female with an industrial injury dated March 14, 2012 resulting in cervical spine injury. On 11/05/2014 she was seen for follow up. She had been working but having increasing difficulty carrying out her usual work activities because of neck pain. She had no radicular or neurologic complaints in the upper extremities. Physical exam of the neck revealed range of motion allowing for flexion and extension of 45 degrees and rotation of 60 degree to both sides with pain increased with rotation to the right. Neurologic exam of the upper extremities was normal. Diagnosis was cervical spondylosis, central foraminal stenosis with possible left upper extremity radicular symptoms. She was placed on modified work status with restrictions. Prior treatments included medications, suprascapular nerve block, physical therapy, cortisone injection into shoulder and epidural steroid injection. MRI demonstrated bilateral foraminal stenosis at cervical 4-5, moderate to severe stenosis at cervical 5-6 and a central bulging disk at cervical 6-7. On 12/30/2014 Utilization Review modified the request for continuation of treatment with a pain management physician to one follow up appointment after the procedure to determine the outcome of diagnostic testing. Rationale stated was since the radiofrequency has not yet been determined, can only recommend one follow up to determine whether the patient would be a candidate. The remaining appointments would have to be determined at a later date. ACOEM Guidelines were cited. On 01/08/2015 the injured worker submitted a request for IMR review for the request for continuation of treatment with a pain management physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuation of treatment with Dr. [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7

Decision rationale: The 48 year old patient presents with pain in her neck and her shoulder, as per progress report dated 11/20/14. The request is for CONTINUATION OF TREATMENT WITH DR. [REDACTED]. There is no RFA for this case, and the patient's date of injury is 03/14/12. The patient has been diagnosed with cervical spondylosis and central and foraminal stenosis, with possible left upper extremity radicular symptoms, as per progress report dated 11/05/14. Medications include Norco, Anaprox, Omeprazole and Terocin patch, as per progress report dated 11/20/14. The patient is not working, as per the same progress report. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the request for continuation of treatment with Dr. [REDACTED] is first noted in progress report dated 06/24/14. The report is from orthopedic primary treating physician. The treater, however, does not document Dr. [REDACTED]'s area of expertise. The UR denial letter, however, states that the request is for continuation of treatment with pain management specialist. The UR has authorized one initial visit and stated that subsequent visits will depend outcome of this visit and diagnostic testing. In progress report 11/05/14, the same treater also refers the patient to a pain management specialist. The treater repeats the request in progress report dated 11/20/14. Given the patient's chronic pain, a consultation with a pain management specialist appears reasonable. However, ACOEM guidelines allow for initial consultations with specialist but does not discuss open ended continuation of treatments indefinitely. Hence, the request IS NOT medically necessary.