

Case Number:	CM15-0008964		
Date Assigned:	01/27/2015	Date of Injury:	09/14/2013
Decision Date:	03/17/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/15/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 42 year old female, who sustained an industrial injury on September 14, 2013. The injured worker has reported neck and low back pain. The diagnoses have included cervical spine sprain/strain with minimal disc bulge, lumbar spine sprain/strain with minimal disc bulge, radiculitis, myofascitis and anxiety. Treatment to date has included pain medication, MRI of the lumbar and cervical spine, acupuncture and a home exercise program. Current documentation dated December 23, 2014 notes that the injured worker complained of constant moderate neck pain, rated at an eight out of ten on the Visual Analogue Scale. The pain was described as stiffness, aches sharp and numb. She also reported constant severe low back pain rated at a ten out of ten on the Visual Analogue Scale. The pain was described as sharp and burning with numbness and tingling. The injured worker also was noted to have increasing depression and anxiety. Physical examination of the cervical spine revealed decreased range of motion with pain. She had a positive Foraminal Compression and Jackson Compression bilaterally. Lumbar spine examination revealed pain in all planes. She was noted to have a positive Kemp's, Ely's and Iliac compression test bilaterally. On January 14, 2015 Utilization Review non-certified a request for one pain management evaluation for symptoms related to the submitted diagnosis as an outpatient. The MTUS, ACOEM Guidelines, were cited. On January 15, 2015, the injured worker submitted an application for IMR for review of one pain management evaluation for symptoms related to the submitted diagnosis as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

One pain management for symptoms related to submitted diagnosis as an outpatient:

Upheld

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

[https://www.acoempracguides.org/Cervical and Thoracic Spine](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine), Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders;

[https://www.acoempracguides.org/Chronic Pain](https://www.acoempracguides.org/Chronic%20Pain); Table 2, Summary of Recommendations, Chronic Pain Disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, page 127.
Decision based on Non-MTUS Citation Pain section, Office visits

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, one pain management consultation for symptom related to the submitted diagnosis as an outpatient is not medically necessary. The consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. In this case, the injured worker's working diagnoses are cervical sprain/strain with minimal disc bulge; lumbar sprain/strain with minimal disc bulge; radiculitis; myofasciitis; and stress/anxiety, defer to psych. The documentation shows the injured worker had an initial pain management consultation on August 13, 2014 with [REDACTED]. The injured worker was provided with Anaprox, Flexeril, Prilosec and topical creams. Chiropractic treatment, physical therapy and acupuncture were recommended. There is no documentation medical record as to whether the injured worker has gone through a work hardening program for a functional capacity evaluation. The treating physician does not indicate in the documentation whether the injured worker is improved, unimproved or the same with respect to symptoms. Consequently, absent clinical documentation to support a follow-up consultation to the pain management specialist, one pain management consultation for symptom related to the submitted diagnosis is not medically necessary.