

Case Number:	CM15-0109663		
Date Assigned:	06/09/2015	Date of Injury:	02/20/2011
Decision Date:	07/09/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/15/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old female, who sustained an industrial injury on 2/20/11. She reported initial complaints of neck, mid back, headache, dizziness, blurry vision occasional numbness in right arm. The injured worker was diagnosed as having chronic cervical strain with bulging disc/disc disease; history of post concussive syndrome with headaches; right arm symptoms; instability C4-5 with secondary radiculopathy; bilateral shoulder musculoligamentous sprain/strain; post-traumatic stress disorder. Treatment to date has included medications. Currently, the PR-2 notes dated 4/15/15 is hand written. The notes indicated the injured worker complains of neck pain 4-7/10 and low back pain 3/10, and numbness into the left and right upper extremity and 6-7/10 right shoulder pain. She wakes up at night from the numbness. Objective findings are documented as C4-5 instability, C4-7 degenerative disc disease, herniated discs with osteophytes complex, foraminal stenosis, left worse than right and radiculopathy. The right shoulder has impingement syndrome with mild AC arthritis. His treatment plan is to refill the medications. He is requesting authorization for pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pain management consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic pain disorder medical treatment guidelines, state of Colorado department of labor and employment (Chapter: Chronic pain disorder; section: therapeutic procedures, non-operative) 4/27/2007, page 56.

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), Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work injury in February 2011 and continues to be treated for neck pain, low back pain, right shoulder pain, and upper extremity numbness. When seen, pain was rated at 4-7/10. She was having difficulty sleeping. Prior testing has included an MRI of the cervical spine showing multilevel foraminal stenosis ranging from mild to severe. The claimant previously worked as a nurse and has not returned to work. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant's condition is consistent with cervical radiculopathy. She has not returned to work. An epidural steroid injection or other treatment might be an option. Therefore requesting a referral to pain management is medically necessary.