

Case Number:	CM15-0017608		
Date Assigned:	02/05/2015	Date of Injury:	05/30/2012
Decision Date:	04/07/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/29/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 47-year-old male who sustained an industrial injury on 5/30/12. The injured worker reported symptoms in the neck and shoulders. The diagnoses included arthrodesis status, occipital neuralgia, superior glenoid labrum tear, cervical radiculopathy, sprain/strain, neck, facet arthropathy, cervical and failed cervical neck surgery syndrome. Treatments to date include cervical discectomy with fusion on 4/8/13, physical therapy, home exercise program, moist heat applications, stretches, oral pain medications, Duragesic patches, and hypnosis and activity modification. In a progress note dated 8/20/14 the treating provider reports the injured worker was with "ongoing pain in neck radiating down to shoulders with limited range of motion." On 1/20/15 Utilization Review non-certified the request for consultation at the [REDACTED].
 [REDACTED] The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation at the [REDACTED]: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the general use of Multidisciplinary Pain Management Programs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The most recent note is a psychology consultation note dated August 1, 2014 includes a complaint of neck pain with radicular symptoms after to cervical spine surgeries. The notes on this date state that there is a diagnosis of depression, agoraphobia, and panic attacks. There was a recommendation for follow-up psychology visits as well as a visit with a psychiatrist for a medication evaluation. Considering that there is evidence of the need for a multidisciplinary approach, this request for a one-time consultation at the [REDACTED] [REDACTED] is medically necessary.