

Case Number:	CM15-0018418		
Date Assigned:	03/20/2015	Date of Injury:	04/09/2001
Decision Date:	04/24/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	01/30/2015

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 male, who sustained an industrial injury on April 9, 2001. The diagnoses have included post laminectomy syndrome, cervical neuropathic pain and cervical facet syndrome. Treatment to date has included oral pain medications and pain patches. Currently, the injured worker complains of back and neck pain. In a progress note dated December 19, 2014, the treating provider reports examination the injured worker has noticeable shanking to his right arm, numbness to the entire right arm, weakness of finger extensors and decreased grip on right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown consultation/treatment at pain clinic: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

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 page 127.

Decision rationale: The patient presents with back and neck pain. The request is for Unknown Consultation / Treatment at Pain Clinic. The request for authorization is for Consultation / Treatment for Pain Clinic at [REDACTED], dated 01/12/15. He is in severe pain, both in his arm and his neck. He is unable to function, spends most of the day in bed. He went through a period of severe withdrawals with diarrhea, cramping and sweating that has mostly resolved. The patient has noticeable shaking to his right arm. He has numbness to the entire right arm. Patient's medications include Oxycodone and Fentanyl patches. The patient's work status is not provided. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "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." Per progress report dated, 12/19/14, treater's reason for the request is "evaluation and treatment since the patient's insurance has not authorized for his medication." It would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a consultation/treatment for pain clinic at [REDACTED]. Given the patient's condition, the request for a referral appears reasonable. Therefore, the request IS medically necessary.