

Case Number:	CM15-0131055		
Date Assigned:	07/17/2015	Date of Injury:	07/09/2008
Decision Date:	08/18/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/07/2015

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: Preventive Medicine, Occupational 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(n) 49-year-old female, who sustained an industrial injury on 7/9/08. She reported pain in her right shoulder and elbow related to a slip and fall accident. The injured worker was diagnosed as having cervical neuritis, cervical disc herniation and late effects of a cervical and right shoulder sprain. Treatment to date has included a cervical MRI on 6/1/15 showing posterior bulging of the C6-C6 disc, Tramadol, Naprosyn and Neurontin. As of the PR2 dated 5/12/15, the injured worker reports continued chronic neck, upper and lower back pain. She rates her pain a 7-8/10 with activity and a 2-3/10 with pain medications. Objective findings include decreased range of motion in the right shoulder and positive cervical tenderness and paraspinous muscle spasming. The treating physician is attempting to wean the injured worker off the Tramadol. The treating physician requested pharmacological management once a month for 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacological management, 1/month for 2 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd edition, 2004, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. This request is from a chiropractor requesting pharmacological management from a physician. The request would be appropriate except that it is requesting authorization for more than one visit. Medical necessity for additional visits would need to be established by the physician providing the medication management and not the referring provider. The request for pharmacological management, 1/month for 2 months is determined to not be medically necessary.