

Case Number:	CM15-0132511		
Date Assigned:	07/20/2015	Date of Injury:	03/10/2008
Decision Date:	08/14/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/09/2015

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 50-year-old male who sustained an industrial injury on 3/10/2008 resulting in neck and upper back pain. He was diagnosed with chronic pain syndrome and cervical degenerative disc disease. Documented treatment includes anterior C3-C7 cervical fusion, physical therapy, and medication. The injured worker continues to complain of neck pain with restricted range of motion, and severe headaches. The treating physician's plan of care includes a pain management consult for cervical spine treatment. Work status is not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult and treatment for the cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7 - Independent Medical Examinations and Consultations page 127.

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 March 2008 and continues to be treated for chronic neck pain and headaches. He underwent a multilevel anterior cervical decompression and fusion. Treatments have included physical therapy and medications. When seen, he was having increasing neck pain. Pain was rated at 4/10. He was having headaches and radiating symptoms with numbness and pain into the arms. Authorization for a pain management consultation was requested. The claimant continues to be treated for chronic pain with a worsening of symptoms. His complaints are consistent with possible cervical radiculopathy and his headaches could be due to a number of causes including occipital neuralgia and cervicogenic headaches, both of which would be consistent with his history of a multilevel cervical fusion. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. There may be treatments including interventional care that could be considered in his care. Therefore, the requested pain management consultation was medically necessary.