MAXIMUS Federal Services

Case Number:	CM15-0145006		
Date Assigned:	08/05/2015	Date of Injury:	01/01/1996
Decision Date:	09/10/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/27/2015

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 43 year old male who sustained a work related injury January 1, 1996. Past history included status post anterior cervical discectomy and fusion C5-7, left knee arthroscopy and depression. An MRI of the cervical spine report, performed February 11, 2014, is present in the medical record. According to the most recent primary treating physician's progress report, dated May 21, 2015, the injured worker presented with persistent neck pain and paresthesias in the left hand. Physical examination revealed; holding the neck in a normal position; flexing the neck to 15 degrees with pain, extension 25 degrees with pain right and left lateral flexion to 5 degrees with increased pain and right rotation to 55 degrees with pain and left rotation to 60 degrees with pain. Sensation is intact in the upper extremities. Diagnoses are status post anterior cervical discectomy and fusion C5-7; cervical radiculopathy; lumbar spine myoligamentous sprain, strain; lumbar degenerative disc disease, L5-S1; left knee internal derangement, early degenerative joint disease. Treatment plan included an MRI of the cervical spine, electrodiagnostic studies of the bilateral upper extremities, Norco for severe pain as needed, and at issue, a request for authorization for a pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

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

Decision rationale: The patient presents with severe neck pain. The request is for PAIN MANAGEMENT CONSULTATION. The request for authorization is dated 06/30/15. The patient is status post anterior cervical discectomy and fusion C5-7, date unspecified. X-rays of the cervical spine obtained in the office show the patient has undergone anterior cervical discectomy and fusion at C5-6 and C6-7. There is an anterior plate. The fusion appears to be healing nicely. MRI of the cervical spine, 02/11/14, shows posterior complex of 5-6mm at C5-6 with hypertrophic facets and uncovertebral joint arthropathy causing severe canal stenosis with mild cord compression and moderate bilateral foraminal stenosis. At C6-7, there is a 3-4mm disc protrusion with uncovertebral joint arthropathy and facet hypertrophy causing mild to moderate canal and moderate left neural foraminal stenosis. Physical examination of the cervicothoracic spine reveals there is tenderness in the cervical paravertebral muscles and the upper trapezius. Range of motion maneuver causes increased neck pain in the cervical paravertebral muscles. Patient's medication includes Norco. Per progress note dated 07/06/15, the patient is temporarily totally disabled. 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 07/06/15, treater's reason for the request is "The patient should be under the care and treatment of a pain management specialist as a secondary treating physician for medical management of chronic severe pain. The treatment of chronic severe pain is beyond my area of expertise of an orthopaedic surgeon." In this case, the patient continues with persistent severe neck pain. It would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a Pain Management Consultation. Given the patient's condition, the request for a Pain Management Consultation appears reasonable. Therefore, the request IS medically necessary.