

Case Number:	CM15-0162202		
Date Assigned:	08/28/2015	Date of Injury:	03/21/2015
Decision Date:	10/09/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/18/2015

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 49 year old male, who sustained an industrial injury on March 21, 2015. He reported neck pain with associated tingling of the fingertips, mid and low back pain and left shoulder pain after walking backwards and striking his back on a door mounted mirror. The injured worker was diagnosed as having cervicgia, cervical radiculopathy of the left upper extremity, lumbago, left leg sciatica and status post lumbar fusion for degenerative disc disease and spondylosis. Treatment to date has included diagnostic studies, conservative care, medications and work restrictions. Currently, the injured worker continues to report neck pain with associated tingling of the fingertips, mid and low back pain and left shoulder pain. The injured worker reported an industrial injury in 2015, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. It was noted he had previous back pain with a history of lumbar fusion in 2007 and spinal cord stimulator placement in 2011. He noted he had back pain before the injury. He reported he did not have previous neck pain. Evaluation on April 28, 2015, revealed continued left sided neck pain and left lower back pain with associated tingling of the left fingertips. It was noted he was using pain medications including Hydrocodone and Oxycodone. Evaluation on May 26, 2015, revealed continued pain as noted. There was no pain scale noted on the report. It was noted a different physician was prescribing the injured worker's medications. He was noted to continue the use of the prescribed medications. Evaluation on July 10, 2015, revealed continued pain as noted. It was noted Electrodiagnostic studies revealed right carpal tunnel syndrome. Physical therapy was noted as authorized. He continued to require medications. It was noted he was still getting prescribed

medications from another physician. It was noted the injured worker was advised to continue with the sole prescriber. Transfer of care (TOC) pain management was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transfer of care (TOC) pain management: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004.

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

Decision rationale: The patient presents with left-sided neck pain and pain in the low back. The request is for transfer of care. Patient is status post lumbar spine fusion, 2007, and spinal cord stimulator, 2011. Physical examination to the lumbar spine on 09/01/15 revealed tenderness to palpation across the lower lumbar spine, more on the left. Range of motion was limited with pain. Examination to the cervical spine revealed tenderness and spasm to the paravertebral muscles bilaterally. Range of motion was limited with pain. Per 07/10/15 progress report, patient's diagnosis include right carpal tunnel syndrome, lumbago, status post L4-5 posterior instrumented PLIF for degenerative disc disease and spondylosis, and left leg sciatica. Patient's medications, per 05/26/15 progress report include Hydrocodone and Oxycodone. Patient's work status is regular duties. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, Chapter 7, Independent Medical Examinations and Consultations Chapter, page 127 state that 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The provider has not specifically addressed this request. The patient continues with pain in the low back and the left side of the neck. The ACOEM Guidelines support the referral of patients to other specialists if a diagnosis is uncertain or extremely complex, when psychological factors are present, or when the plan or course of care may benefit from additional expertise. This request appears to be reasonable and in accordance with the guidelines. Therefore, it is medically necessary.