

Case Number:	CM15-0166189		
Date Assigned:	09/03/2015	Date of Injury:	01/22/2007
Decision Date:	10/06/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/24/2015

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: Emergency 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 54-year-old female who sustained an industrial injury on 1-22-07. The mechanism of injury was unclear. She currently complains of burning, aching and numbness of the neck with radicular symptoms into the right arm with numbness and weakness. The pain is progressively worsening (per 8-4-15 note) and the injured worker is experiencing sleep difficulties. Her pain level was 6-8 out of 10, decreasing to 2-4 out of 10 with medications, allowing her to perform activities of daily living. On physical exam of the cervical spine, there was tightness and spasms, decreased range of motion, positive foraminal compression and Spurling's tests. Medications were Norco, Voltaren XR; Prilosec; Flexeril. Diagnoses include status post right shoulder arthroscopic surgery (9-26-10); cervical disc lesion with radiculitis last radiculopathy; right elbow medial epicondylitis; bilateral carpal tunnel syndrome; right wrist sprain, strain; depression; insomnia. Treatments to date include physical therapy; acupuncture with transient relief. On 8-11-15, Utilization Review evaluated a request for re-evaluation due to pain flare-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-evaluation due to flare up of pain: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, page 1, Part 1: Introduction Page(s): 1.

Decision rationale: The requested Re-evaluation due to flare up of pain, is medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states, "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has burning, aching and numbness of the neck with radicular symptoms into the right arm with numbness and weakness. The pain is progressively worsening (per 8-4-15 note) and the injured worker is experiencing sleep difficulties. Her pain level was 6-8 out of 10, decreasing to 2-4 out of 10 with medications, allowing her to perform activities of daily living. On physical exam of the cervical spine, there was tightness and spasms, decreased range of motion, positive foraminal compression and Spurling's tests. The treating physician has documented the medical necessity for a follow-up visit due to an exacerbation of symptoms. The criteria noted above having been met, Re-evaluation due to flare up of pain is medically necessary.