

Case Number:	CM15-0181137		
Date Assigned:	09/22/2015	Date of Injury:	09/01/2010
Decision Date:	11/02/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/14/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

This is a 50-year-old female worker with a date of injury 9-1-2010. The medical records indicated the injured worker (IW) was treated for cervical and lumbar degenerative disc disease. In the 7-2-15 and 8-27-15 progress notes, the IW reported neck pain with associated headaches and intermittent numbness down into the left thumb; and lumbar spine pain that intermittently radiated into the right buttock. Most recently, she reported her symptoms as stable. Disability status was permanent and stationary. Objective findings on 8-27-15 included 2+ reflexes bilaterally at the wrists, biceps and ankles and 3+ at the knees. Mild tenderness was present in the cervical spine. Upper and lower extremity strength was 5 out of 5. Treatments included medications (Flexeril as needed and anti-inflammatories), home exercise program and cervical fusion (2011). No imaging reports were included in the records reviewed. A Request for Authorization dated 8-28-15 was received for pain management consultation and treatment. The Utilization Review on 9-2-15 modified the request for pain management consultation and treatment to allow a pain management consultation per CA MTUS ACOEM Practice Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation and treatment: Upheld

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

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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for pain management for consultation and treatment, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, the patient has ongoing pain corroborated by physical exam findings. However, it is unclear exactly why pain management consultation is being requested. The patient's current physician seems to feel comfortable prescribing the patient's current medications and there is no discussion regarding any interventional treatments being sought. In light of the above issues, the currently requested pain management for consultation and treatment is not medically necessary.