

Case Number:	CM15-0196338		
Date Assigned:	10/09/2015	Date of Injury:	02/28/1995
Decision Date:	11/18/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/06/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 56 year old male, who sustained an industrial injury on 02-28-1995. The injured worker was diagnosed as having status post C5 to C7 anterior cervical instrumentation and fusion along with later repair and decompression, status post right shoulder repair 1997 and adjacent severe foraminal stenosis C3-C4 and C4-C5-right sided. On medical records dated 09-10-2015 and 08-24-2015, the subjective complaints were noted as neck and radiating shoulder pain. Neck pain was rated a 8 out of 10 and right arm pain was rated a 6 out of 10. The injured worker was noted to have had trigger point injections helped the trigger point area. Objective findings were noted as cervical spine was noted to have pain to palpation paraspinal region radiating to his latissimus region. A significant Spurling's sign on the right side as well as impingement test on the right side. Treatments to date included medication and surgical interventions. The injured worker was noted to be permanent and stationary. Current medications were listed as Oxycodone, Metformin, Ibuprofen, Zantac, Trazadone and Ambien. The Utilization Review (UR) was dated 09-17-2015. A request for One (1) pain management evaluation and treatment was submitted. The UR submitted for this medical review indicated that the request for One (1) pain management evaluation and treatment was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) pain management evaluation and treatment: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

Decision rationale: CA MTUS/ACOEM chronic pain management guidelines, medical management, page 5-7 states that a patient directed self-care model is the most realistic way to manage chronic pain. It is also stated that for long duration of intractable pain, referral to a multidisciplinary program can be considered. In addition, consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psychiatric consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. In this case, the pain a consultation with a multidisciplinary pain clinic is indicated as the pain has not improved on opioids in 3 months. The request is medically necessary.