

Case Number:	CM15-0200685		
Date Assigned:	10/15/2015	Date of Injury:	05/16/2014
Decision Date:	12/16/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/13/2015

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 55 year old female who sustained an industrial injury 05-06-14. A review of the medical records reveals the injured worker is undergoing treatment for sprain-strain of the neck, shoulders, knee-leg, and lumbar region. Medical records reveal the injured worker complains of "mild" neck pain, as well as low back pain, rated at 7/10 without medications, and 34 with medications. The physical exam (09-24-15) reveals limited range of motion of the lumbar spine. Prior treatment includes medications including Voltaren and tramadol, as well as orthonexic. The original utilization review (10-01-15) non certified the request for transfer of care to pain management. There is not mention in the notes (09-24-15) regarding transfer of care to pain management, or even a pain management consultation. There is mention of a request for a pain consultation on 07-09-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transfer of care to pain management: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents on 10/15/15 with neck pain, which radiates into the bilateral upper extremities, and lower back pain. The patient's date of injury is 05/06/14. The request is for transfer of care to pain management. The RFA was not provided. Physical examination dated 10/15/15 reveals reduced cervical range of motion in all planes, reduced left knee range of motion on extension, tenderness to palpation of the left sided cervical spine and left trapezius. The patient is currently prescribed Dendracin. Patient's current work status is not provided. MTUS/ACOEM, Independent Medical Examinations and Consultations, chapter 7, page 127 states 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." In regard for a transfer of care/consultation with a pain management provider, the referral is appropriate. Per progress note dated 10/15/15, this patient has yet to be evaluated by a pain management specialist. This patient presents chronic pain in the cervical spine, lumbar spine, left knee, and bilateral shoulders which has been unresolved by conservative measures to date. MTUS/ACOEM guidelines indicate that such consultations are supported by guidelines at the care provider's discretion, and could produce benefits for this patient. Therefore, the request is medically necessary.