

Case Number:	CM15-0208277		
Date Assigned:	10/27/2015	Date of Injury:	07/11/2013
Decision Date:	12/15/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/22/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 61 year old male who sustained an industrial injury on 7-11-2013. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine sprain-strain, bilateral shoulder sprain-strain and lumbar spine sprain-strain. According to the progress report dated 9-23-2015, the injured worker complained of left shoulder pain rated 7 out of 10. He complained of neck pain with right upper trap numbness rated 7-8 out of 10. He also complained of low back pain with numbness and tingling. Per the treating physician (9-23-2015), the injured worker was temporarily totally disabled. Objective findings (9-23-2015) revealed tenderness to palpation of the cervical spine and lumbar spine. Cervical compression test was positive. Straight leg raise was positive bilaterally. Treatment has included physiotherapy, acupuncture and medications. The treatment plan (9-23-2015) was for pain management consult in consideration of cervical spine and lumbar spine epidural steroid injection. The request for authorization was dated 9-23-2015. The original Utilization Review (UR) (10-5-2015) denied a request for a pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: Overturned

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

Decision rationale: The ACOEM Chapter 2 on General Approaches to indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is rationale provided to support a referral to a pain medicine specialist. Specifically, the IW has been diagnosed and treated for cervical sprain without improvement in symptomatology. A referral to a specialist is in line with the guidelines. Therefore, at this time, the requirements for treatment have been met, and the request is not medically necessary.