MAXIMUS Federal Services

| Case Number: | CM15-0023188 | | |
|---|---|---|---|
| Date Assigned: | 02/12/2015 | Date of Injury: | 02/20/2013 |
| Decision Date: | 04/07/2015 | UR Denial Date: | 02/04/2015 |
| Priority: | Standard | Application Received: | 02/06/2015 |

## 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, Arizona
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 44-year-old female who reported an injury on 02/20/2013 due to an unspecified mechanism of injury. On 01/19/2015, she presented for a follow-up evaluation regarding her work related injury. She reported upper back pain rated at a 6/10, mid back pain rated at a 6/10, and low back pain rated at a 6/10, all with associated numbness and tingling. She also reported right and left knee pain rated at a 6/10 with associated numbness, tingling, and a grinding sensation. A physical examination of the cervical spine showed tenderness over the C5-6 and C6-7 dermatomes with a decrease in range of motion with flexion and extension, lateral bending, and rotation to the left and right. She was diagnosed with a cervical spine sprain/strain with myospasms, cervical spine disc desiccation, and cervical spine multilevel disc protrusions. The treatment plan was for a pain management consultation for the cervical spine. The rationale for treatment was not provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consultation for the cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Online Edition, Chapter 7, IME and consultations.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

**Decision rationale:** The Official Disability Guidelines indicate that the need for a clinical office visit should be based upon a review of the injured workers signs and symptoms, clinical stability, physical examination findings, and reasonable physician judgment. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine. However, a clear rationale was not provided for the medical necessity of a pain management consultation regarding the cervical spine. Without a clear rationale for the medical necessity of the request, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.