

Case Number:	CM15-0023477		
Date Assigned:	02/13/2015	Date of Injury:	05/24/2012
Decision Date:	04/06/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/09/2015

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 35-year-old female who reported an injury on 05/24/2012 due to cumulative trauma. On 01/05/2015, she presented for a pain management consultation. She reported that she had undergone a cervical fusion and other treatments including cervical epidural steroids, prolonged physical therapy and prolonged acupuncture. It was stated she was being seen to acquire care and relieve the effects of her injury. She noted the pain to be in her head, neck, left shoulder girdle, left scapula, mid back, and low back rated at a 10/10. Her medications included cyclobenzaprine, Neurontin, Norco, and Sudafed. A physical examination showed a well healed scar consistent with her cervical fusion. Cervical flexion was limited to 30 degrees, extension limited to 30 degrees, and rotation was noted to be to 45 degrees on the right and 50 degrees on the left. Her bilateral shoulder abduction was noted to be limited as well at 80 degrees with abduction and flexion to 90 degrees. There were multiple myofascial trigger points in the cervical paraspinal muscles, trapezius muscles, thoracic paraspinal muscles, and lumbar paraspinal muscles. Reflexes were 2+ and symmetric at the biceps, triceps, and brachial radialis, knee, and ankle. There was no extensor hallucis longus weakness and sensation was intact. She was diagnosed with cervical postfusion syndrome, left upper extremity radiculopathy, left shoulder internal derangement, thoracic and lumbar degenerative disc disease, diffuse regional myofascial pain syndrome, and chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Day Interdisciplinary Pain Management Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FCE.

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 office visits should be individualized based upon a review of the injured worker's signs and symptoms, clinical stability, subjective complaints, and physical examination findings. While it is noted that the injured worker has tried and failed multiple attempts at relieving her pain, there is a lack of documentation showing that she is appropriate for an Interdisciplinary Pain Management Program. Also, the types of evaluations to be performed were not stated with the request and were not evident within the documentation. Without this information, the request would not be supported by the evidence-based guidelines. As such, the request is not medically necessary.