

Case Number:	CM15-0028544		
Date Assigned:	02/20/2015	Date of Injury:	10/16/2012
Decision Date:	04/03/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/13/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 male, who sustained an industrial injury reported on 10/16/2012. He has reported for a follow-up evaluation for unchanged neck pain; knee pain; and low back pain that began 2 days after injection therapy. The history notes an agreed medical examiner report dated 10/29/2014, specifically addressing the ACE/CCE for the lumbar spine, and not the cervical spine injury (of 10/16/12) or the compensable left knee injury of (1/3/13), and determined that there was not enough evidence to seek treatment on an industrial basis. The diagnoses were noted to have included displacement of the cervical spine. Treatments to date have included consultations; diagnostic urine and imaging studies; attempts to modify activities; and medication management - with titration to the current dosages which seem the most effective. The work status classification for this injured worker (IW) was noted to be permanent and stationary, and having reached maximum medical improvement. The re-evaluation notes, dated 1/6/2015, do not divulge the details of the industrial accident, or what body parts were affected. It does, however, state findings that include radiating neck pain with cervical 5 radicular findings; cervical 5-6 degeneration and bilateral neuro-foraminal narrowing; status-post cervical 5-6 discectomy and fusion; and continued neck and low back pain for which his current pain regimen has kept him relatively under control; and that he is needing his medications on a more chronic basis. The treatment plan included evaluation by a pain management physician and x-rays to assess the cervical fusion. On 1/16/2015, Utilization Review (UR) modified, for medical necessity, the request, made on 1/9/2015, for pain management evaluation, and treatment - to an evaluation with no specific treatments approved at this time. The Medical Treatment Utilization Schedule, American College of Occupational and Environmental

Medicine Guidelines, and the Official Disability Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Evaluation and Treat: Upheld

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 UpToDate; Evaluation of Chronic Pain in Adults.

Decision rationale: Many patients with chronic pain may be managed without specialty referral. Patients may require referral to a pain specialist for the following reasons: Symptoms that are debilitating, Symptoms located at multiple sites, Symptoms that do not respond to initial therapies, Escalating need for pain medication. In this case there is no documentation that the patient has debilitating symptoms or symptoms that have failed first line therapies. In addition there is no documentation of escalating need for pain medication. Medical necessity has not been established. The request should not be authorized.