

Case Number:	CM15-0028670		
Date Assigned:	02/20/2015	Date of Injury:	05/16/2013
Decision Date:	05/01/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/17/2015

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: District of Columbia, Virginia
Certification(s)/Specialty: Internal 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 54 year old male, who sustained an industrial injury on 9/22/12. He reported left shoulder pain. The injured worker was diagnosed as having left shoulder arthralgia and pseudo arthrosis C6-7, status post removal of hardware 12/16/14. Treatment to date has included acupuncture, chiro-physio treatment, oral medications, cervical fusion and anterior hardware removal with exploration of fusion 12/16/14. Currently, the injured worker complains of neck pain vastly improved following hardware removal C6-7, 6 weeks prior. The injured worker stated he has not required any medication for pain flowing surgery. The treatment plan included pain management follow-ups and physical therapy with activity restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Follow Up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Occupational Medicine Practice Guidelines, Second Edition, Chapter 7 page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792
Page(s): 78, 85-86.

Decision rationale: Per MTUS: Chelminski multi-disciplinary pain management program criteria: (Chelminski, 2005) Criteria used to define serious substance misuse in a multi-disciplinary pain management program: (a) cocaine or amphetamines on urine toxicology screen (positive cannabinoid was not considered serious substance abuse); (b) procurement of opioids from more than one provider on a regular basis; (c) diversion of opioids; (d) urine toxicology screen negative for prescribed drugs on at least two occasions (an indicator of possible diversion); & (e) urine toxicology screen positive on at least two occasions for opioids not routinely prescribed. From the review of the clinical data provided, it is not clear as to why the patient required further pain management. The patient was not known to have issues with abuse and was not prescribed opiates. Follow up with a pain specialist would not be indicated. Therefore, the requested treatment is not medically necessary.