MAXIMUS Federal Services

Case Number:	CM15-0033756		
Date Assigned:	02/27/2015	Date of Injury:	06/27/2011
Decision Date:	05/20/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/23/2015

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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational 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 (IW) is a 48 year old female who sustained an industrial injury on 06/27/2011. She reported pain in the both shoulders. The injured worker was diagnosed as having cervical spine sprain /strain referred to the bilateral shoulders, cervical herniated nucleus pulposus, cervical spine myospasm, thoracic spine sprain/strain, thoracic spine referred pain to the bilateral ribs, right shoulder sprain/strain, post-operative right shoulder, head pain/tension headaches, status post blunt head injury without loss of consciousness, insomnia secondary to pain. Treatment to date has included diagnostic x-rays and blood work, oral medications, physical therapy, and treatment with an internist for nosebleeds. Currently, the injured worker complains of decreased range of motion and residual problems with the right upper extremity post op right shoulder arthroscopy and rotator cuff repair. There is decreased sensation throughout the right upper extremity and weakness in multiple muscles. The treatment plan is for an EMG/nerve conduction study of the upper extremities and an updated MRI of the cervical spine in follow-up for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up for the cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations page 127, Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Chronic pain Discussion Page(s): 6.

Decision rationale: The injured worker sustained a work related injury on 06/27/2011. The medical records provided indicate the diagnosis of cervical spine sprain /strain referred to the bilateral shoulders, cervical herniated nucleus pulposus, cervical spine myospasm, thoracic spine sprain/strain, thoracic spine referred pain to the bilateral ribs, right shoulder sprain/strain, post-operative right shoulder, head pain/tension headaches, status post blunt head injury without loss of consciousness, insomnia secondary to pain. Treatment to date has included oral medications, physical therapy. The medical records provided for review do indicate a medical necessity for Follow-up for the cervical spine. A review of the records indicate that when the injured worker visited with her secondary treating physician on 11/25/14, the physician stated the injured worker has just recently been transferred to him and he was uncertain of previous treatments rendered to the neck. Being a new patient to him, he requested for her medical records, and also, for a return appointment was request for 01/20/15. The MTUS states that "Effective treatment of the chronic pain patient requires familiarity with patient-specific past diagnoses, treatment failures/successes, persistent complaints and confounding psychosocial variables." Therefore the secondary treating provider appropriately requested for medical records before embarking on treatment or diagnostics to avoid duplication and implementing measures that had failed in the past. The follow up visit is necessary to review the records and determine what needs to be done. Therefore the request is medically necessary.