

Case Number:	CM15-0034771		
Date Assigned:	03/03/2015	Date of Injury:	10/11/2014
Decision Date:	04/15/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/24/2015

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, Pain Management, 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 patient is a 55 year old female employed as a Real Estate Agent by [REDACTED] on the recorded date of injury of October 11th, 2014. She is treated for neck, low back and left temporomandibular joint pain in addition to post-traumatic disorder which are attributed to an assault while attempting to use a lock box. Imaging studies reveal degenerative findings in the neck and low back and there is no abnormality identified in the TMJ. She has received chiropract and been evaluated by a neurologist and psychologist in addition to an orthopedic surgeon. The patient has a prior history of chronic neck and low back pain with recent treatment prior to the injury. A pain management consultation has been requested and denied by utilization review since the patient reportedly improved with chiropractic care and conservative care options remain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition. Chapter 7, page 127.

Decision rationale: The patient has a history of chronic neck and low back pain for which she has received care. The neurologist recommended suboccipital nerve blocks for the neck pain which does not appear to have been attempted. The psychologist identified anxiety and other symptoms of PTSD which needed treatment. ACOEM Chapter 7 states that consultation can be obtained to assist with diagnosis, treatment or prognosis. The patient has a history of chronic neck and low back pain and imaging studies reveal no evidence of an acute injury. She has not received recommended treatment for her neck pain which should be considered prior to obtaining another consultation. She is currently reportedly improving from the chiropractic care for the lower back. A dental consultation has been requested for the TMJ pain. This request for consultation does not adhere to ACOEM Chapter 7 since the pain management consultation will not assist with care for any of the symptomatic body parts. The medical records do not explain why the pain management consultation is needed in addition to the consultations that have already been obtained. This request for a pain management consultation is denied.