

Case Number:	CM15-0035201		
Date Assigned:	03/03/2015	Date of Injury:	07/24/2011
Decision Date:	04/08/2015	UR Denial Date:	02/06/2015
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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 59-year-old female, with a reported date of injury of 07/24/2011. The diagnoses include chronic cervical sprain/strain, with disc pathology and right radiculitis. Treatments included acupuncture, muscle relaxants, and an MRI of the cervical spine on 09/23/2011 and 07/17/2014. The progress report dated 01/15/2015 indicates that the injured worker had persistent neck pain. She rated the pain 4-8 out of 10. It was noted that the injured worker complained of being depressed and having difficulty dealing with her pain and frustration with her limitations. The objective findings included continued unguarded neck movement, increased paracervical spasm with reduced cervical lordosis and anterior head carriage, limited cervical active range of motion, myofascial and tenderness of the bilateral trapezius, scalene, and rhomboid muscles. The treating physician recommended a pain management consultation for medication management, an updated MRI of the cervical spine, and a Multi-disciplinary evaluation. Prior surgical consultations recommended conservative care over a fusion. On 02/06/2015, Utilization Review (UR) denied the request for a pain management consultation for medication management, an updated MRI of the cervical spine, and a Multi-disciplinary evaluation. The UR physician noted that there was a lack of objective neurologic physical examination findings indicating either a new sign of radiculopathy or significant change in a previously documented radiculopathy. The ACOEM Guidelines and the Non-MTUS 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 consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 303. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine Chapter 7, page 127; Official Disability Guidelines Treatment in Workers' Compensation.

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Office visits and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees, fitness for return to work. In this case, the claimant had persistent pain not amenable to medication or acupuncture. A consultation with a pain specialist is appropriate and medically necessary to evaluate other options to manage pain and improve function.

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine Chapter 7, page 127; Official Disability Guidelines Treatment in Workers' Compensation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. Prior MRIs of the cervical spine on 7/17/14 and 9/23/11 indicated degenerative disc disease of C3-4 and canal stenosis of C5-C7 and right radiculitis. There were

no new injuries and the MRI order was only to update rather than use for intervention or guide medical management. The request for another MRI of the cervical spine is not medically necessary.

Multi disciplinary evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine Chapter 7, page 127; Official Disability Guidelines Treatment in Workers' Compensation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program 30-33.

Decision rationale: According to the guidelines, outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. The claimant's history and desire to improve as well as failing other prior conservative measures. However, the claimant is awaiting consultation from a pain specialist which was determined to be medically necessary as above. Since all methods of alleviating chronic pain have not been exhausted, the request for a multidisciplinary / functional restoration program is not medically necessary.