

Case Number:	CM15-0036432		
Date Assigned:	03/04/2015	Date of Injury:	04/24/2014
Decision Date:	04/14/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/26/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 64 year old male with an industrial injury dated April 24, 2014. The injured worker diagnoses include chronic cervicgia, C3-C4, C5-C6 spondylolisthesis and C2-C7 facet arthropathy. He has been treated with diagnostic studies, radiographic imaging, prescribed medications, acupuncture sessions and periodic follow up visits. According to the progress note dated 1/23/2015, the injured worker reported continued neck pain. Cervical spine exam revealed tenderness of the paracervical muscles, tenderness over the base of the neck, and tenderness over the base of the skull. The treating physician prescribed services for pain management consultation, as an outpatient for neck pain between 2/17/2015 and 3/31/2015. Utilization Review determination on February 17, 2015 denied the request for pain management consultation, as an outpatient for neck pain between 2/17/2015 and 3/31/2015, citing Non-MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pain management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM- <https://www.acoempracguides.org/>

Cervical and Thoracic Spine; Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessing Red Flags and Indication for Immediate Referral Page(s): 171.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In this case, there is no clear need for a second opinion. The requesting physician should provide a documentation supporting the medical necessity for a pain management specialist evaluation. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the request for pain management consultation is not medically necessary.