

Case Number:	CM15-0038719		
Date Assigned:	03/09/2015	Date of Injury:	02/20/2014
Decision Date:	04/17/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/02/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50-year-old female, who sustained an industrial injury on 2/20/2014. The current diagnoses are cervical discopathy C5-C6 and C6-C7 with radiation to upper extremities, lumbar degenerative scoliosis, cervicogenic headaches, and bilateral upper extremity numbness and tingling (stocking glove distribution), rule out etiology. Currently, the injured worker complains of pain in the cervical spine, bilateral shoulders, lumbar spine, and bilateral lower extremities. The cervical spine pain is rated 7-9/10 on a subjective pain scale. Her symptoms include muscle spasms, sharp shooting pain to her left ear, fatigue, grinding, stiffness in the morning, a compressed feeling, instability, muscle tension extending to her shoulders/shoulder blades, numbness and tingling radiating to her right elbow and left hand. The lumbar spine pain is rated 7-9/10. Her symptoms include pressure, constant grinding, catching, muscle spasms, tension, soreness, some numbness and tingling radiating into her feet, loss of strength in her legs, and what feels like jagged edges that cause sharp stabbing pain radiating down to the legs and hips. She complains of pain and loss of strength in both hands with numbness radiating to her pointer finger and electricity radiating to her middle, ring, and pinky fingers on the left hand and numbness and tingling in the right hand. Current pain medications are Tramadol, Flexeril, and Voltaren. The physical examination of the cervical spine reveals tenderness from C1 through C7, as well as bilateral upper traps and middle rhomboids. Range of motion is restricted with decreased sensory in the upper extremities. The examination of the lumbar spine demonstrated tenderness at L2 through S1, as well as superior iliac crest. Range of motion is reduced. The examination of the bilateral shoulders reveals pain bilaterally in the trapezial and impingement

areas. The treating physician is requesting pain management consult, which is now under review. On 2/9/2015, Utilization Review had non-certified a request for pain management consult. The California MTUS ACOEM Medical Treatment 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 Consult: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, pg 127.

Decision rationale: The patient presents with neck pain, hand weakness, and severe low back pain. The current request is for Pain Management Consult. The treating physician states, "patient has severe neck pain radiating to both arms, left more than right, with numbness and weakness making her work difficult to perform. Intermittent severe low back pain with some radiation to buttocks, worse with standing more than 2 hours, which she does daily as a hair stylist with 16-hour day. Denies weakness or numbness in legs." (B.8) There is no further discussion of the current request. The ACOEM guidelines on page 127 state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The current request is supported by the ACOEM guidelines for specialty referral. The current request is medically necessary and the recommendation is for authorization.