

Case Number:	CM15-0052476		
Date Assigned:	03/25/2015	Date of Injury:	03/18/2009
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/19/2015

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:

This 36 year old male sustained an industrial injury to the left arm and neck on 3/18/09. Previous treatment included magnetic resonance imaging, left shoulder triangular fibrocartilage complex tear repair, epidural steroid injections, back brace and medications. In an orthopedic PR-2 dated 1/26/15, the injured worker complained of pain to the neck and arm 9/10 on the visual analog scale. Physical exam was remarkable for cervical spine with tenderness to palpation and limited range of motion, decreased sensation in left hand and decreased left upper extremity motor strength due to pain. Current diagnoses included aggravation of cervical spine degenerative disc disease, left shoulder strain and left shoulder triangular fibrocartilage complex tear repair. The treatment plan included pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

Decision rationale: In this case, the claimant was considering but postponing cervical fusion. The claimant had undergone ESI and trigger point injections with a pain specialist. Invasive techniques for pain control have short-term benefit as noted that the claimant was receiving frequent trigger point injections. The request for a pain consultation is not medically necessary because additional injections are not substantiated and are not medically necessary.