

Case Number:	CM15-0055248		
Date Assigned:	03/30/2015	Date of Injury:	05/04/2014
Decision Date:	05/05/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/23/2015

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

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 31year old male, who sustained a work/ industrial injury on 5/4/14. He has reported initial symptoms of head, neck, and thoracic pain. The injured worker was diagnosed as having headache, dizziness, cervical sprain/strain, and cervical radiculopathy. Treatments to date include medication, chiropractic care, and diagnostics. Magnetic Resonance Imaging (MRI) was performed on 8/6/14. Currently, the injured worker complains of moderate sharp, throbbing headache, associated with looking up and down, neck pain and weakness. The treating physician's report (PR-2) from 1/7/15 indicated reduced range of motion for the cervical spine, tenderness to palpation of the bilateral trapezii and cervical paravertebral muscles. There is muscle spasm of the bilateral trapezii and cervical paravertebral muscles. Spurling's is positive. Treatment plan included pain management evaluation & treatment of the cervical and thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Evaluation & Treatment of the Cervical and Thoracic Spine:

Overtured

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Chapter 7, page 127.

Decision rationale: The patient presents with headaches rated at 8/10 and neck pain rated at 8.5/10. The request is for pain management evaluation and treatment of the cervical and thoracic spine. The request for authorization is not provided. MRI of the thoracic spine, 08/05/14, shows kyphotic angulation of the thoracic; spinal canal and neural foramina are patent; small renal cyst noted on left side. MRI of the cervical spine, 12/09/14, shows mild degenerative disk disease with no significant canal or neural foraminal stenosis. EMG/NCS of the upper extremity, 08/27/14, shows indications for polyneuropathic abnormalities, polyneuropathic process, carpal tunnel syndrome and cubital tunnel syndrome. Cranial nerves II through VII and XI through XII are within normal limits. Fingertip-to-fingertip and fingertip-to-nose is performed normally. Cervical distraction and shoulder depression is positive. Kemp's causes pain bilaterally. Patient suffers from depression, anxiety and irritability. Acupuncture and chiropractic treatments help with pain. Patient's medications include Naproxen, Protonix, Zolpidem, Gabapentin and Sumatriptan. Per progress report dated, 12/23/14, the patient remains off-work until 02/06/15. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The provider does not discuss the request. It would appear that the current the provider feels uncomfortable with the patient's medical issues and has requested a pain management evaluation and treatment. Given the patient's condition, the request for an evaluation and treatment appears reasonable. Therefore, the request IS medically necessary.