

Case Number:	CM15-0082580		
Date Assigned:	05/05/2015	Date of Injury:	01/23/2012
Decision Date:	06/19/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	04/29/2015

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, Massachusetts
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 43 year old male, who sustained an industrial injury on 1/23/2012. The current diagnoses are cervical herniated disc and insomnia secondary to pain. According to the progress report dated 2/25/2015, the injured worker complains of left-sided neck pain with radiation into left shoulder and top of scapula. The pain was not rated. Additionally, he reports poor sleep due to pain. Physical examination of the cervical spine revealed positive paraspinal muscle spasms and reduced range of motion. The current medication list was not available for review. Treatment to date has included medication management. The plan of care includes consultation and treatment with pain specialist and 16 physical therapy sessions for the neck and back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation and treatment with pain specialist: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 6; pg 112-114.

Decision rationale: The cited ACOEM guidelines (MTUS is silent) support referral to pain consultation when conservative treatment has not been successful, there is no planned surgical intervention pending and the patient is experiencing worsening of pain symptoms that is impacting functional capacity. ACOEM, Chapter 6, page 114 states, in pertinent part: "Research suggests that multidisciplinary care is beneficial for most persons with chronic pain, and likely should be considered the treatment of choice for persons who are at risk for, or who have, chronic pain and disability." The guidelines also state that "physicians should consider referral for further evaluation and perhaps cooperative treatment if: 1) specific clinical findings suggest undetected clinical pathology. 2) appropriate active physical therapy does not appear to be improving function as expected. 3) The patient experiences increased pain, or at the very least, pain does not decrease come over time." The peer reviewer states that the consultation for pain management is not necessary since there "is no documentation of what previous conservative care the claimant has undergone besides medications and physical therapy". While the majority of treatment notes by the treating provider are hand-written and difficult to read, it is clear from the notes reviewed that the injured worker has tried a number of different treatment modalities with no significant success. The 12/31/14 clinic note states the patient continues to have neck pain that is constant and there is "NO response!" to conservative treatment which has included anti-spasm medications and pain medications as well as PT. Considering the provided records and cited guidelines, referral for pain medicine consultation is medically necessary.

Physical Therapy, 2 times a week for 8 weeks for the neck and back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-101.

Decision rationale: According to MTUS guidelines physical therapy is recommended, as it is helpful in "controlling symptoms such as pain, inflammation and swelling to improve the rate of healing of soft tissue injuries". The MTUS guidelines allow for an initial course of up to 9-10 PT visits over 8 weeks. The Injured workers has reportedly already received 6 sessions however I did not find in the records reviewed any mention of efficacy in functional capacity or symptoms with the provided physical therapy. Without documentation of efficacy with the initial trial then further 16 sessions is not medically necessary by the guidelines indicated.