

Case Number:	CM15-0083432		
Date Assigned:	05/05/2015	Date of Injury:	04/04/2014
Decision Date:	06/10/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/30/2015

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: Internal 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 was a 47 year old female, who sustained an industrial injury, April 4, 2014. The injured worker was injured after falling off a linen press machine. The injured worker fell approximately 10-15 feet into the foundation. The injured worker previously received the following treatments Thoracic spine MRI and lumbar spine MRI. The injured worker was diagnosed with cervical pain and thoracic sprain. According to progress note of November 3, 2014, the injured workers chief complaint was back pain. The injured worker rated the pain at 5-6 out of 10; 0 being no pain and 10 being the worse pain. The pain was worse in the morning 9 out of 10. The pain was along the back and the neck. The physical exam noted no spasms in the mid back. Forward flexion caused moderate mid back pain. The injured worker was currently laid off. The treatment plan included pain management consultation for the thoracic and cervical spine, due to failure to respond to current treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Office visits.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) indicates that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. Official Disability Guidelines (ODG) indicate that office visits are recommended as determined to be medically necessary. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment. The primary treating physician's progress report dated 3/2/15 documented the diagnoses of cervical pain and thoracic pain. Pain management consultation and treatment was requested 3/9/15. The request does not specify limitations on office visits or parameters on treatment procedures, and is not supported by ODG guidelines. Therefore, request cannot be endorsed. Therefore, the request for a pain management consultation and treatment is not medically necessary.