

<b>Case Number:</b>	CM15-0086884		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	09/11/2002
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: 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 57 year old male, who sustained an industrial injury on 09/11/2002. He has reported injury to the neck and low back. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified; cervical post-laminectomy syndrome; lumbar post-laminectomy syndrome; headache; primary fibromyalgia syndrome; displacement of cervical intervertebral disc without myelopathy; and displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included medications, diagnostics, injections, and surgical intervention. Medications have included Soma, Methadone, and Hydrocodone/Acetaminophen. A progress note from the treating physician, dated 04/02/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of chronic left-sided upper neck pain, and posterior headaches, with radiation to the back of the head and left eye; left upper neck pain and pain in the back of the head is constant; pain is worsened with extension of the neck, or with keeping his neck up; cracking of the neck with range of motion; muscle spasms; medications are effective and provide functional gains by significantly assisting activities of daily living, mobility, and restorative sleep; and medications reduce his 10/10 pain by 70%, consistent with visual analog scale. Objective findings included cervical spine tenderness to palpation on the left paracervicals and trapezius trigger point pain; tenderness of the transverse process left at C2; and pain is elicited by active range of motion. The treatment plan has included the request for re-evaluation with a pain management specialist for MMI (maximum medical improvement) re-evaluation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Re-evaluation with a pain management specialist for MMI re-evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 30-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Hyperalgesia Section Page(s): 96.

**Decision rationale:** The MTUS Guidelines provide recommendations for pain management follow up, usually in the context of increasing opioid use or chronic pain that continues to be uncontrolled despite physical modalities and incremental dose increases of medication. The requesting provider does not document anything that indicates there is need for follow up with pain management. The injured worker is described as a chronic pain patient that is being medically managed at the lowest possible dose of medication. There is no description of changes in his physical status to indicate that he would need a reevaluation for maximum medical improvement, or that he would require ongoing reevaluation from a pain management specialist. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for 1 follow up with pain management is not medically necessary.