

Case Number:	CM13-0009758		
Date Assigned:	11/27/2013	Date of Injury:	10/18/2012
Decision Date:	01/17/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiologist, Pain Medicine, and is licensed to practice in Florida. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 40-year-old female who reported an injury on 10/18/2012. The patient reportedly had a slip and fall on the date of injury. The patient has had ongoing neck and headache complaints. The patient is noted to have degenerative changes in the cervical spine with disc/osteophyte complex at C5-6. The patient has been previously treated with physical therapy and acupuncture and has been recommended for epidural steroid injection. On examination, the patient has cervical tenderness with decreased range of motion and pain on facet loading. The patient has also been recommended for cervical facet blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation for the cervical spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): s 91-92.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) guidelines state that a "Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as

substance abuse), or has difficulty obtaining information or agreement to a treatment plan." The documentation submitted for review indicates the patient has had long-term cervical spine pain that has been unresponsive to conservative measures. The patient would benefit from the proposed pain management consultation for the cervical spine as lower levels of conservative care have been exhausted and the patient would benefit from more invasive options such as injections. The pain management specialist would be the most appropriate individual to treat the patient at this time and surgical interventions are not being considered and the patient would require ongoing pain management care. Therefore, the request for pain management consultation for the cervical spine is certified at this time.