

Case Number:	CM14-0141502		
Date Assigned:	09/10/2014	Date of Injury:	02/19/1998
Decision Date:	10/10/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation & Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/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 injured worker is a 47-year old male with a reported date of injury on 02/19/1998. The mechanism of injury was not noted in the records. The diagnoses included cervical disc syndrome and thoracic segmental dysfunction. The past treatments included chiropractic therapy. There was no diagnostic imaging submitted for review and no surgical history noted in the records. The subjective complaints on 08/13/2014 included intermittent neck pain rated 5-6/10. The physical examination noted muscle spasms, muscle tightness, and tenderness to the cervical spine. There were no medications noted in the records. The treatment plan was to refer the injured worker to a pain specialist. The rationale provided was to provide pain medication. The request for authorization form was dated 08/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Referral to Specialist for pain medication: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office visits

Decision rationale: The Official Disability Guidelines state the need for an office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The patient has chronic neck pain. However, there was a lack of documented evidence that pain treatment methods have been exhausted by a primary care provider to support a specialist office visit. In the absence of the above information the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.