

Case Number:	CM14-0141633		
Date Assigned:	09/10/2014	Date of Injury:	04/06/1989
Decision Date:	10/14/2014	UR Denial Date:	08/18/2014
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 and is licensed to practice in Texas and Ohio. 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 52-year-old male who reported injuries due to a motor vehicle accident after which he was in a coma for 6 months on 04/06/1989. On 03/12/2014, his diagnoses included traumatic brain injury with spastic quadriplegia, dysarthria with spasticity of his neck, status post left hip surgery, and status post right ankle surgery. His primary complaints included neck pain and torticollis. His neck pain was bilateral and he had severe cervical degenerative joint disease. The pain was nonradicular. Due to his reported injuries, he had residual inability to walk and used a power chair. He was capable of feeding himself, brushing his teeth, using the restroom, showering, and dressing himself. He did not need help with his ADLs. He was not incontinent. He had 24/7 care in case of a fall. He was able to transfer independently. His caregiver cleaned and cooked for him and went shopping with him. He was able to drive using hand controls. On 05/22/2014, he had an MRI of the cervical spine, which showed a reversal of the normal cervical lordosis, irregularity in the DENS and possible pannus formation, mild canal stenosis with no cord compression, and moderate to severe bilateral foraminal stenosis in the entire cervical spine and at C7-T1. On 06/09/2014, his complaints included worsening pain in the neck and left shoulder. The treatment plan and recommendation was referral to a pain management physician for ongoing treatment and management of his narcotic pain medication usage. On 08/01/2014, it was noted that the request for a pain management consultation had been authorization, but unfortunately, it was authorized with a pain management clinic that was a 4 hour round trip from this injured worker's home. The request was to please authorize a pain management specialist in the [REDACTED] area where it would be much more manageable for him geographically. There was no Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to pain management: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 77-89..

Decision rationale: The request for Referral to pain management is medically necessary. The California ACOEM Guidelines recommend that under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medication evaluation and treatment and adheres to a conservative evidence based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously select and refer to specialists who will support functional recovery as well as provide expert medical recommendations. Since the original request for a pain management specialist had been approved, asking that the referral be made to a practitioner in close proximity to this injured worker's home is a reasonable accommodation. Therefore, the request for Referral to pain management is medically necessary.