

Case Number:	CM14-0147230		
Date Assigned:	09/15/2014	Date of Injury:	03/22/2014
Decision Date:	10/15/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/10/2014

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 Family Medicine and is licensed to practice in California. 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 patient is a 43-year-old female who has submitted a claim for cervical region non-allopathic lesions, neck sprain and lumbar sprain, associated with an industrial injury date of March 22, 2014. The patient complained of neck, right shoulder, and low back pain. An examination of the spine showed decreased range of motion of the cervical and lumbar spine; positive SD in the lumbar spine; and spasms at L4-L5 and L5-S1. A cervical spine magnetic resonance imaging (MRI) on July 15, 2014 showed C4-C5 central less than 1 mm disc protrusion; while a lumbar spine MRI on July 18, 2014 revealed L4-5 mild disc degeneration with circumferential 1-2 mm disc bulge and mild bilateral foraminal narrowing slightly greater on the right. The diagnoses were cervical acceleration/deceleration syndrome injury, lumbar sprain and strain, and cervicothoracic subluxation. The treatment to date has included oral analgesics, muscle relaxants and extracorporeal shock wave therapy of the low back. A utilization review from August 15, 2014 denied the request for Pain management 1 time monthly (no duration), cervical and lumbar spine. There was no clear detail provided as to why multiple pain management office visits are being requested, how this would be helpful, and what specific treatment is supposed to be accomplished with these visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management 1 time monthly, cervical and lumbar spine, QTY: 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127ODG (Official Disability Guidelines); Office visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 127, 156

Decision rationale: According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex; when psychosocial factors are present; or when the plan or course of care may benefit from additional expertise. In this case, there was no documentation of any red flag sign or progression of symptoms of the cervical and lumbar spine. There was also no evidence showing trial and failure of conservative treatment to manage pain. The medical necessity has not been established. There was no objective evidence of complexity of the condition that warrant consult with a specialist at this time. There was no clear rationale for the request. Therefore, the request for Pain management 1 time monthly, cervical and lumbar spine, QTY: 6 is not medically necessary.