

Case Number:	CM14-0160721		
Date Assigned:	10/06/2014	Date of Injury:	08/27/2003
Decision Date:	12/18/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/30/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 27, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; unspecified amounts of acupuncture; topical agents; and trigger point injection therapy. In a Utilization Review Report dated August 22, 2014, the claims administrator denied a request for a pain management consultation, invoking non-MTUS Chapter 7 ACOEM Guidelines which were mislabeled as originating from the MTUS. In a handwritten progress note dated July 22, 2014, the applicant presented with ongoing complaints of neck and shoulder pain. In a handwritten Request for Authorization (RFA) Form dated August 15, 2014, both a pain management consultation and an orthopedic consultation were sought. In a handwritten note dated July 22, 2014, the applicant reported ongoing complaints of neck and shoulder pain. Ultram and Flexeril were endorsed. The applicant was asked to employ unspecified topical compounds. The applicant was described as having retired and no longer working. The applicant stated that her topical compounds were not helping. The applicant was also using tramadol at a rate of four times daily, it was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management consult for cervical spine and right shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant has ongoing, longstanding, multifocal neck and shoulder pain complaints. The applicant is no longer working. Pain medications, including tramadol and topical compounds, have proven ineffectual, the attending provider has posited. Obtaining the added expertise of a physician specializing in chronic pain, such as a pain management physician, is therefore indicated. Accordingly, the request is medically necessary.