

Case Number:	CM14-0163407		
Date Assigned:	10/08/2014	Date of Injury:	08/31/2010
Decision Date:	11/13/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	10/03/2014

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 injured worker is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 31, 2010. Thus far, the injured worker 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 manipulative therapy; and unspecified amounts of acupuncture. In a Utilization Review Report dated August 27, 2014, the claims administrator approved three chiropractic treatments, denied an orthopedic consultation, and approved Tylenol. The claims administrator suggested that the injured worker did not have evidence of a lesion amenable to surgical correction insofar as the cervical spine was concerned. The injured worker's attorney subsequently appealed. In an October 14, 2014 progress note, the injured worker reported persistent complaints of neck and upper back pain radiating to the bilateral upper extremities, left greater than right. The injured worker was working full time, it was acknowledged. The injured worker's mood was reportedly stabilized following introduction of Effexor. An orthopedic shoulder surgery consultation was sought for the left shoulder while multiple medications were dispensed. The injured worker was returned to regular duty work. The injured worker was asked to continue usage of a TENS unit. In a July 22, 2014 medical-legal evaluation, it was acknowledged that the injured worker had ongoing complaints of shoulder internal impingement status post failed corticosteroid injection therapy. In a progress note dated April 24, 2014, the injured worker's treating provider noted that the injured worker had ongoing complaints of shoulder pain and discomfort, 8/10. An orthopedic consultation was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 (PTP) to reconsider the operating diagnosis and determine a specialist evaluation is necessary. In this case, the injured worker has ongoing shoulder complaints which have proven recalcitrant to time, medications, physical therapy, and injection therapy. Therefore, this request is medically necessary.