

Case Number:	CM14-0210005		
Date Assigned:	01/08/2015	Date of Injury:	12/09/2010
Decision Date:	02/20/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 65-year-old male who reported an injury on 12/09/2010. The mechanism of injury was not documented within the clinical notes. He is diagnosed with cervical radiculopathy. The past treatments have included physical therapy, chiropractic therapy, acupuncture therapy, activity modification, and a home exercise program. The MRI of the cervical spine performed on 09/25/2014 revealed 5 mm central and left posterior paracentral and left intraforaminal C5-6 disc herniation; 3 mm left posterior paracentral and left intraforaminal C4-5 disc herniation. There was no surgical history documented within the clinical notes. The subjective complaints on 11/06/2014 included neck pain. The injured worker rates the pain 6/10 to 7/10. The physical examination to the cervical spine revealed tenderness to palpation to the paraspinal musculature with spasms. The range of motion to the cervical spine was flexion of 45 degrees and extension of 40 degrees with pain at end range. The injured worker's medications were not documented within the clinical notes. The treatment plan was to request a pain management consultation. A request was received for a pain management consultation. The rationale for the request was a possible cervical epidural steroid injection. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation.: Overturned

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) Neck and Upper Back, Office visits.

Decision rationale: The request for pain management consultation is medically necessary. The Official Disability Guidelines state that the need for an office visit with a healthcare provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The guidelines also state that the determination of necessity for an office visit requires individualized case review and assessment. It is documented in the clinical notes that the injured worker has had increasing neck pain. The physical examination to the cervical spine revealed tenderness to palpation of the paraspinal muscles with spasms. The official MRI revealed 5 mm disc herniation at the C5-6 level and 3 mm disc herniation at the C4-5 level. It is also documented in the clinical notes that the injured worker has tried and failed conservative management to include medications, physical therapy, chiropractic therapy, acupuncture therapy, activity modification, and a home exercise program. Given the injured worker's signs and symptoms, along with the failure of conservative management, the request for pain management consultation is supported by the evidence based guidelines. As such, the request is medically necessary.