

Case Number:	CM14-0213665		
Date Assigned:	12/31/2014	Date of Injury:	03/14/2012
Decision Date:	02/27/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/19/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabn

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 49 year old female with an injury date of 03/14/12. Per physician's progress report dated 11/20/14, the patient complains of pain in shoulder and neck. Physical examination reveals tenderness in the lower cervical spine. Physical examination, as per progress report dated 05/23/14, reveals cervical flexion and extension at 45 degrees and rotation at 60 degrees on both sides. Rotation to the right is painful. As per QME report dated 06/18/14, the pain is rated at 10/10 without medications and 9/10 with medications. Medications, as per progress report dated 11/20/14, include Omeprazole, Anaprox and Terocin patch. The patient received epidural steroid injections in 2010 which worsened the condition, as per QME report dated 06/18/14. The patient also underwent decompressive laminectomy on 08/29/12, as per the same report. He, however, suffered from post-operative Staphylococcus infection. The patient is currently not working, as per progress report dated 11/20/14. MRI of the Lumbar Spine, 09/07/12, as per QME report dated 06/18/14: - Post-operative fluid collection- Moderate spinal stenosis from hematoma/seroma- Clumping of nerve roots of cuada equina at L2-3, suggestive of post-operative arachnoiditis. Diagnosis, 05/23/14: Cervical spondylosis, Central and foraminal stenosis with possible left upper extremity radicular symptoms. The treater is requesting for PAIN MANAGEMENT FREQUENCY AND DURATION IS NOT NOTED. The utilization review determination being challenged is dated 12/05/14. The UR determination has modified the request to "transfer of care to pain management." Treatment reports were provided from 08/14/13 - 12/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management (frequency and duration is not noted): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC)

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, page 127, Pain management

Decision rationale: The patient present with pain in shoulder and neck, as per progress report dated 11/20/14. The request is for Pain management (frequency and duration is not noted). The pain is rated at 10/10 without medications and 9/10 with medications, as per the QME report dated 06/18/14. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the patient suffers from chronic pain. In progress report dated 11/20/14, the treater states that "I am happy to follow her orthopedically," and requests for assistance in providing medication for pain management. While the treater does not discuss the duration or the frequency of the treatment, it appears the request is for regular follow-ups with a pain management specialist parallel to the orthopedic care. Given the patient's chronic pain condition and the fact that the orthopedist is not interesting managing the patient's pain medications, the patient needs a pain management specialist. The request is medically necessary.