

Case Number:	CM14-0213947		
Date Assigned:	12/31/2014	Date of Injury:	11/24/2012
Decision Date:	02/28/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/22/2014

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 61 year old female who got injured on 11/24/2012. The injured worker was in the course of her usual duties carrying dirty dishes back to the kitchen when she slipped on an avocado peel and fell backwards landing on her back, she hit her head on the concrete but did not lose consciousness. On 4/17/2014 she presented to her treating physician for follow up. It was reported that she had persistent neck pain rated as a 10/0 in intensity, radiating up to her head and causing constant headaches, The lower back pain and bilateral shoulder pain is also described as constant and 10/10 in intensity, she is on Tylenol # 3, naproxen, flexeril and prilosec which help to bring her pain down to 6-7/10 and she has been able to continue working. Her physical exam was positive in the cervical spine for reduced range of motion, tenderness to palpation along the paraspinal muscles, trapezius, and sub occipital region. There was positive shoulder depression, spurlings and cervical compression. There was decreased strength and sensation 4/5 bilaterally at C5, C6, C7 and C8. Her lumbar exam was positive for decreased range of motion, tenderness in the paraspinal muscles, positive kemps sign bilaterally and decreased sensation bilaterally. Shoulder exam was positive for symmetrical decreased range of motion, positive neers impingement and Hawkins impingement signs, there was AC joint tenderness bilaterally and decreased strength with flexion and abduction bilaterally. Her diagnoses include cervical disk herniation, lumbar disk herniation, and bilateral shoulder sprain/strain. She has had conservative management which has included medications, physical therapy and epidural steroid injections with continuing high levels of pain. The request is for Pain management consultation for the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation for the cervical and lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34.

Decision rationale: Per the MTUS, pain management programs also known as chronic pain programs are recommended where there is access to programs with proven successful outcomes. The patient has a complex chronic pain presentation that does not appear to be responding well to conservative management which has included medications, physical therapy and epidural steroid injections with continuing high levels of pain, therefore based on her clinical presentation and the guidelines pain management consultation for the cervical and lumbar spine is medically necessary.