MAXIMUS Federal Services

Case Number:	CM14-0217071		
Date Assigned:	01/06/2015	Date of Injury:	06/21/2013
Decision Date:	03/05/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/29/2014

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, Massachusetts
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:

This 24 year old female sustained a work related injury on 6/21/2013. The mechanism of injury was not described. The current diagnoses are lumbar spine herniated nucleus pulposus and lumbar spine facet arthropathy. According to the progress report dated 11/12/2014, the injured workers chief complaints were back and neck pain, 9/10 on a subjective pain scale. The pain is located over the left side of the neck and radiates up from the shoulder. Additionally, she reported daily headaches, trouble sleeping, mood swings, and anxiety. The headaches begin at the back of her neck and radiate over her head. Current medications are Norco, Senna, Prilosec, and Elavil. The physical examination revealed tenderness to palpation of the cervical spine with spasms noted. There is decreased sensation of the left L3, L4, L5, and S1 dermatomes. There are hyporeflexic reflexes of the bilateral patellar and Achilles. Straight leg raise and slump test is positive on the left. Range of motion of the lumbar spine was decreased. The injured worker was previously treated with medications, chiropractic, acupuncture, and epidural steroid injections. On this date, the treating physician prescribed pain management consultation, which is now under review. The pain management consult was prescribed specifically for ongoing headaches. In addition to the pain management consult, the treatment plan included repeat epidural steroid injection and trial of Tylenol #3. When the pain management consult was first prescribed work status was temporarily partially disabled. Restrictions include limiting lifting, pushing, and pulling to 5 pounds. Limit sitting, standing, and walking to 15 minutes without a break or change in position. On 12/23/2014, Utilization Review had non-certified a prescription for pain management consultation. The consultation was non-certified, as headaches can be treated by

primary care provider. The California MTUS ACOEM Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management consult for headaches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

Decision rationale: While MTUS does recommend that referral to multidisciplinary pain practice is appropriate when the patient continues to have uncontrolled pain despite conservative treatment beyond three months with opioids and non opioid medications, chronic headaches is not a clinical indication for pain consultation. It is unclear if the injured worker had head trauma related to the industrial injury; if that is the case than neurological referral would be appropriate to evaluate and treat the chronic headaches however pain referral would not be indicated as clinically necessary to specifically treat the headaches.