

Case Number:	CM14-0218682		
Date Assigned:	01/08/2015	Date of Injury:	04/24/2014
Decision Date:	03/10/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/30/2014

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: Orthopedic Surgery, Sports 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 64-year-old male who reported injury on 04/24/2014. The mechanism of injury was not submitted for review. The injured worker has diagnosis of referable back pain, nonallopathic lesion of cervical region not otherwise classified, cervicalgia, pain in the thoracic spine, brachial neuritis or radiculitis not otherwise specified, unspecified myalgia and myositis, spinal enthesopathy, and symptoms involving head and neck. Past medical treatments consist of acupuncture. On 04/29/2014, the injured worker underwent x-rays of the cervical spine with no evidence of acute fracture or subluxation. On 10/30/2014, the injured worker underwent x-rays of the cervical spine which revealed C3-4 spondylolisthesis, C5-6 spondylolisthesis with moderate disc space collapse and endplate changes at inferior C3 and superior C4 as well as inferior C5 and superior C6. On 12/12/2014, the injured worker complained of neck pain which he rated at a 7/10 without medications and 5/10 with the use of medications. The physical examination revealed that there was tenderness to palpation of the paracervical muscles. There was tenderness over the base of the neck. Sensory examination revealed that the injured worker was intact to light touch and pinprick bilaterally of the upper extremities. There was a flexion of 30 degrees, extension of 24 degrees, left lateral bending of 22 degrees, right lateral bending of 24 degrees, left rotation of 60 degrees, and right rotation of 48 degrees. Medical treatment plan is for the injured worker to undergo a pain management consultation in consideration of medial branch blocks to the cervical spine and continue with acupuncture. Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pain Management Consultation for the submitted diagnosis of cervicgia as outpatient: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s):
1.

Decision rationale: The injured worker is a 64-year-old male who reported injury on 04/24/2014. The mechanism of injury was not submitted for review. The injured worker has diagnosis of referable back pain, nonallopathic lesion of cervical region not otherwise classified, cervicgia, pain in the thoracic spine, brachial neuritis or radiculitis not otherwise specified, unspecified myalgia and myositis, spinal enthesopathy, and symptoms involving head and neck. Past medical treatments consist of acupuncture. On 04/29/2014, the injured worker underwent x-rays of the cervical spine with no evidence of acute fracture or subluxation. On 10/30/2014, the injured worker underwent x-rays of the cervical spine which revealed C3-4 spondylolisthesis, C5-6 spondylolisthesis with moderate disc space collapse and endplate changes at inferior C3 and superior C4 as well as inferior C5 and superior C6. On 12/12/2014, the injured worker complained of neck pain which he rated at a 7/10 without medications and 5/10 with the use of medications. The physical examination revealed that there was tenderness to palpation of the paracervical muscles. There was tenderness over the base of the neck. Sensory examination revealed that the injured worker was intact to light touch and pinprick bilaterally of the upper extremities. There was a flexion of 30 degrees, extension of 24 degrees, left lateral bending of 22 degrees, right lateral bending of 24 degrees, left rotation of 60 degrees, and right rotation of 48 degrees. Medical treatment plan is for the injured worker to undergo a pain management consultation in consideration of medial branch blocks to the cervical spine and continue with acupuncture. Authorization form was not submitted for review.