

Case Number:	CM15-0002512		
Date Assigned:	01/14/2015	Date of Injury:	12/10/2010
Decision Date:	03/11/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/06/2015

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: Texas, Illinois

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 61 year old female sustained an industrial injury on 12/10/10 with subsequent ongoing neck and back pain. Treatment included physical therapy, extracorporeal shock wave treatment, acupuncture, medications and trigger point injections. Magnetic resonance imaging cervical spine (6/9/14) showed facet arthropathy and diffuse disc bulge. EMG/NCV of bilateral upper extremities (6/25/14) was normal. In a PR-2 dated 9/26/14, the injured worker complained of a six month history of numbness and tingling in her hands and feet. The injured worker complained of constant pain in the neck with radiation to the shoulders and low back pain with radiation to the right leg. The injured worker reported that past physical therapy and chiropractic therapy helped her to manage her pain and increase functionality and mobility and wanted to try it again. Treatment included physical therapy, extracorporeal shock wave treatment, acupuncture, medications and trigger point injections. Current diagnoses included cervical and lumbar spine disc bulge and thoracic spine strain. On 12/9/14, Utilization Review noncertified a request for pain management consult noting lack of documentation of pain medication usage, pain levels and objective evidence of functional improvement from previous pain management intervention as well as citing CA MTUS Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 Chapter 7 consults

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Introduction Page(s): 6.

Decision rationale: The injured worker sustained a work related injury on 12/10/10 . The medical records provided indicate the diagnosis of cervical and lumbar spine disc bulge and thoracic spine strain. Treatment has included physical therapy, extracorporeal shock wave treatment, acupuncture, medications and trigger point injections. The medical records provided for review do not indicate a medical necessity for Pain management consult. The records indicate the injured worker was referred for follow up with a pain specialist when she visited on 09/26/2014; when she returned on 11/13/14, she requested for epidural injection. However, there was no documentation of the outcome of the 09/26/14 visit, consequently, the request was denied for lack of proper documentation. The utilization review report additionally stated she was referred for Lumbar epidural steroid injection without specifying the exact location. The MTUS notes recommends sound knowledge of patient-specific past diagnoses, treatment failures/successes in the management of the chronic pain patient. Therefore, since the records provided did not provide detailed information about the outcome of past treatment and the specific details about the requested treatment, the treatment is not medically necessary and appropriate.