

<b>Case Number:</b>	CM15-0102299		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	07/25/2012
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 is a 40 year old female with a July 25, 2012 date of injury. A progress note dated May 4, 2015 documents objective findings (cervical spine tenderness in the paraspinal muscles; decreased range of motion of the cervical spine), and current diagnoses (cervical sprain/strain with mild multilevel disc disease; lumbar sprain/strain with disc disease and facet disease; right elbow contusion). Subjective findings were not documented on this date. A progress noted date September 23, 2014 notes subjective findings of neck pain, back pain, and elbow discomfort. Treatments to date have included imaging studies, modified work duties, therapy, and medications. The treating physician documented a plan of care that included pain management evaluation and treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Evaluation & Treatment:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Consultation Page(s): 1.

**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: Independent Medical Examinations and Consultations, p127.

**Decision rationale:** The claimant sustained a work injury in July 2012 and continues to be treated for right elbow, cervical spine, and lumbar spine pain. When seen in January 2015 she was six months pregnant. Prior imaging results and treatments were reviewed. There was decreased cervical spine and lumbar spine range of motion with negative straight leg raising. When seen in follow-up in May 2015 she was having ongoing symptoms. There was cervical spine tenderness with decreased spinal range of motion. She was continued with work restrictions. A pain management evaluation was requested prior to determining whether she was at maximum medical improvement. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has ongoing pain and has not returned to unrestricted work after nearly three years. No other active treatment is being planned. Whether she might be a candidate for interventional or other pain management care is unknown and the results of the evaluation may bring her to a medical endpoint. Therefore, this request was medically necessary.