

Case Number:	CM15-0128432		
Date Assigned:	07/15/2015	Date of Injury:	09/10/2014
Decision Date:	08/12/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	07/03/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 62 year old female, who sustained an industrial injury on September 10, 2014, incurring neck and back injuries. She was diagnosed with a cervical sprain and cervical disc herniation. A cervical Magnetic Resonance Imaging revealed disc bulging, disc protrusion, cervical stenosis and muscle spasms. Treatment included physical therapy, home exercise program, anti-inflammatory drugs, and activity modifications. Currently, the injured worker complained of cervicogenic headaches, neck muscle tightness and cervical pain with tingling and weakness of the right upper extremity. She complained of decreased mobility and range of motion. The treatment plan that was requested for authorization included a 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 and treatment per 04/27/15 order: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Page 127.

Decision rationale: Pursuant to the ACOEM, pain management evaluation and treatment for April 27, 2015 order is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured workers working diagnoses are cervical strain; and herniated disc. Date of injury is September 10, 2014. Request for authorization is May 21, 2015. According to the April 27, 2015 progress note, the injured worker subjectively continues to be symptomatic. There is no specific anatomical region referenced in the subjective section. Objectively, the cervical spine is tender to palpation with decreased range of motion. MRI shows a herniated disc at the cervical spine. Utilization review indicates physical therapy, traction and a cervical pillow have been ineffective. The utilization review modified the request for pain management evaluation and treatment to pain management evaluation of the cervical spine only. This appears to be an acceptable modification based on the current symptoms and signs in the medical record and their limitation to the cervical spine. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines and physical findings limited to the cervical spine with failed physical therapy, traction and cervical pillow, pain management evaluation and treatment for April 27, 2015 order is not medically necessary.