

Case Number:	CM15-0070733		
Date Assigned:	04/20/2015	Date of Injury:	06/05/2014
Decision Date:	05/21/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/14/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 33 year old female who sustained an industrial injury on 06/05/2014. Current diagnoses include calcific tendonitis, spondylosis, herniated nucleus propulsus, and radiculopathy. Previous treatments included medication management, physical therapy, and acupuncture. Previous diagnostic studies included an MRI of the cervical spine and electrodiagnostic study. Initial complaints included injuries to her left neck, left lower back, left upper back, and left shoulder after tripping over a box and landing on her left side. Report dated 02/26/2015 noted that the injured worker presented with complaints that included pain in the cervical spine, lumbar spine, and left shoulder. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included dispensing medications, requests for physical therapy, left shoulder MRI, and an epidural steroid injection for the cervical spine. Disputed treatments include a pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: 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 occupational practice medicine guidelines, page(s) 2-3.

Decision rationale: The California MTUS guidelines state, "Referral is indicated in cases where the health care provider has a lack of training in managing the specific entity, is uncertain about the diagnosis or treatment plan, or red flags are present. If significant symptoms causing self-limitations or restrictions persist beyond 4-6 weeks, referral for specialty evaluation (e.g., occupational medicine, physical medicine and rehabilitation, or orthopedic surgery) may be indicated to assist in the confirmation of the provisional diagnosis and to define further clinical management." Regarding this patient's case, a pain management consult was approved in 1/2015. The results of this consult have not been made available for review. Therefore, the medical necessity of a repeat consultation cannot be established at this time.