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| Case Number: | CM15-0076598 | | |
| Date Assigned: | 04/28/2015 | Date of Injury: | 11/20/2013 |
| Decision Date: | 05/26/2015 | UR Denial Date: | 04/09/2015 |
| Priority: | Standard | Application Received: | 04/21/2015 |

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 female who sustained an industrial injury on 11/20/13 after falling off of a step. She currently complains of constant, severe neck pain radiating to the head. She has noticed a decrease in level of function. Medications do help with pain. Medications are Celebrex, Flexeril, Robaxin and Norco. Diagnoses include chronic neck pain with multiple degenerative disc disease; left shoulder pain with possible impingement; re-existing chronic low back pain; multiple myofascial tender points, rule out chronic myofascial pain syndrome; stomach pain from Naprosyn; mild left carpal tunnel syndrome. Treatments include limiting activity and medications. Diagnostics include cervical MRI (4/11/14) abnormal; electromyography/ nerve conduction with abnormal results. In the progress note dated 3/25/15 the treating provider's plan of care requests pain management consultation and treatment as the injured worker has significant pain that may not be amenable to further orthopedic intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management follow-up consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 174, 204.

Decision rationale: This female patient has complained of neck pain and shoulder pain since date of injury 11/20/13. She has been treated with physical therapy and medications. The current request is for pain management follow up consultation. Per the MTUS guidelines cited above, pain management consultation follow up is not indicated at this time. There is inadequate documentation of previous therapies tried and response to those therapies. There is no documentation of an initial pain management consultation. o On the basis of the available medical records and ACOEM guidelines cited above, pain management consultation follow up is not indicated as medically necessary.