

Case Number:	CM15-0079820		
Date Assigned:	04/30/2015	Date of Injury:	08/24/2012
Decision Date:	06/02/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/27/2015

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: California

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:

The injured worker is a 44 year old female who sustained a work related injury August 24, 2012. According to a treating orthopedic physician's notes, dated March 9, 2015, the injured worker presented with complaints of neck pain. She had been seen by a neurosurgeon, who diagnosed cervical disc disease at C5-6 and C6-7. He recommended conservative care with injections and physical therapy. On examination, she has diminished cervical motion. She is intact neurologically in the upper extremities. Diagnosis is documented as cervical spine syndrome with C5-6 and C6-7 disc disease. Treatment plan included a request for authorization for a pain management consultation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation for the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: With regard to the request for specialty consultation, the ACOEM Practice Guidelines recommend expert consultation when "when the plan or course of care may benefit from additional expertise." In this case, according to the utilization determination there appears to be a request for pain consultation for the purpose of epidural injection. However, the submitted documentation fails to document a specific rationale for pain management consultation and how consultation is expected to benefit management. Due to the lack of documentation, this request is not necessary at this time. It may be appropriate in the future, if sufficient rationale is provided.