

Case Number:	CM15-0094433		
Date Assigned:	05/21/2015	Date of Injury:	08/03/2007
Decision Date:	06/25/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/18/2015

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: Texas, California
 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 8/3/2007. She reported injury from a motor vehicle accident. The injured worker was diagnosed as having anterior cervical discectomy and fusion on February 2014 and lumbosacral sprain/strain. There is no record of a recent diagnostic study. Treatment to date has included acupuncture and medication management. In a progress note dated 4/17/2015, the injured worker complains of neck pain at 6/10 with the neck locking up at times and burning pain across the shoulders, low back pain radiating into the buttocks and right knee pain. The patient has had balance issue and she was falling a few times. Physical examination of the cervical and lumbar spine revealed limited range of motion, tenderness on palpation, muscle spasm and decreased strength. The treating physician is requesting pain management consultation. The medication list includes Norco. The patient has had MRI of the cervical spine on 8/1/14 that revealed disc bulge with foraminal narrowing, degenerative changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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, IME and consultations.

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." She reported injury from a motor vehicle accident. The injured worker was diagnosed as having anterior cervical discectomy and fusion on February 2014 and lumbosacral sprain/strain. In a progress note dated 4/17/2015, the injured worker complains of neck pain at 6/10 with the neck locking up at times and burning pain across the shoulders, low back pain radiating into the buttocks and right knee pain. The patient has had balance issues and she has fallen a few times. Physical examination of the cervical and lumbar spine revealed limited range of motion, tenderness on palpation, muscle spasm and decreased strength. The medication list include Norco. The patient has had MRI of the cervical spine on 8/1/14 that revealed disc bulge with foraminal narrowing, degenerative changes. Patient has had conservative treatment with oral medication and still has significant objective findings and abnormal MRI results. Therefore this a complex case and the management of this case would be benefited by a Pain Management Consultation The request for Pain Management Consultation is medically necessary and appropriate for this patient.