

<b>Case Number:</b>	CM14-0102904		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/30/2012
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 57 years old male with an injury date on 10/30/2012. Based on the 06/13/2014 progress report provided by [REDACTED], the diagnoses are: 1. Open wound on the dorsal aspect of the right foot 2. Crush injury to the right foot 3. Neuralgia, neuritis and radiculitis, not otherwise specified According to this report, the patient presents for medications update. The patient had a skin graft done a recently. The patient rated the pain as a 3-4/10 today. The patient's current medications are Lyrica, Atacanol, Crestor, Glumeta Er, Humulog and Voltaren. The 05/23/2014 report indicates that the patient had "an allograft to the dorum of his right foot. "There were no other significant findings noted on this report. The utilization review denied the request on 06/24/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 12/06/2013 to 06/13/2014. The 05/23/2014 report indicates that the patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Sessions of Pain Management Counseling:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Page 1 and 78.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127

**Decision rationale:** According to the 06/13/2014 report by [REDACTED] this patient presents for medications update. The provider is requesting 6 Sessions of Pain Management Counseling. The utilization review denial letter states "pain management counseling is recommended for patient who require pain control from opioid therapy. The clinical documentation submitted for review does not provide any evidence that the patient is no opioid for pain control." Regarding Pain Management Counseling, ACOEM states that 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. In this case, the patient presents with chronic pain and had a crush injury to the right foot with neuritis and radiculitis. The requested consultation with Pain Management appears reasonable and medically indicated. Therefore, the request is not medically necessary.