

Case Number:	CM14-0143672		
Date Assigned:	09/12/2014	Date of Injury:	02/09/2007
Decision Date:	10/23/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/04/2014

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 Occupational Medicine 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:

This 52-year-old patient had a date of injury on 2/9/2007. The mechanism of injury was bending over to pick up an object, acutely injuring lower back. In a progress noted dated 7/31/2014, the patient complains of spine pain and joint pain. On a physical exam dated 7/31/2014, there was no significant deficits reported. The doctor reviewed the patient's medications and discussed a plan of care addressing overall care and medical management. The patient's non-pain associated conditions and complaints were also reviewed and the patient was asked to address these with their primary care provider. The diagnostic impression shows chronic pain syndrome, thoracic or lumbosacral neuritis or radiculitis, spinal stenosis. Treatment to date: medication therapy, behavioral modification. A UR decision dated 8/15/2014 denied the request for Pain management referral, stating that records indicate this individual was seen by pain management on 7/31/2014, and records from that clinical visit have not been received by notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management referral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations, Page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 127, 156.

Decision rationale: CA MTUS states that consultations are recommended, and a 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 the 7/31/2014 progress note, it was stated that the doctor reviewed the patient's medications and discussed a plan of care addressing overall care and medical management. Due to this visit, it is unclear what additional benefit an additional pain management consultation would provide. Therefore, the request for a pain management referral is not medically necessary.