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| Case Number: | CM13-0013262 | | |
| Date Assigned: | 09/25/2013 | Date of Injury: | 03/25/2011 |
| Decision Date: | 01/15/2014 | UR Denial Date: | 07/17/2013 |
| Priority: | Standard | Application Received: | 08/16/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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 underlying date of injury in this case is 03/25/2011. The records including a letter from the patient requesting an independent medical review and submitting documentation in which the patient refers to a report outlining the patient's diagnoses and objective findings and the patient's condition would improve. The treating physician notes the patient has cervical degenerative disc disease as well as carpal tunnel syndrome status post surgery. The medical records additionally include a bilateral ulnar neuropathy and bilateral rotator cuff surgery. An initial physician review concluded the patient did not meet California Medical Treatment Utilization Schedule criteria for referral for evaluation and treatment with a pain management physician. That reviewer noted that a referral to pain management was to prescribe pain medications for the long term and notes that such prescriptions in the long term would be the responsibility of the primary treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management referral is medically necessary and appropriate.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127, Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: The ACOEM Guidelines, Chapter 2 Assessment, page 21, states, "in the absence of red flags, work-related complaints can be handled safely and effectively by occupational and primary care providers." Implicit in this guideline is that in exceptional cases, additional feedback is required by a specialist. This case is almost 3 years old with a substantial degree of reported pain and disability beyond that which can be explained based upon objective factors. The prior physician reviewer suggested that the patient's primary care physician could manage the patient's continued pain management. The question, however, is whether indefinite pain management is required and how that pain management can maximize function and minimize side effects. The history and chronicity of this case and complexity of this case suggests that indeed management has been complex even for specialists aside from primary treating providers. Additional input from a pain management specialist can only be of help in this situation and is clearly supported by the guidelines; therefore, this request is certified. The request for Pain management referral is medically necessary and appropriate.