

Case Number:	CM13-0019725		
Date Assigned:	04/30/2014	Date of Injury:	09/25/2008
Decision Date:	06/17/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	09/03/2013

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome and chronic low back pain reportedly associated with an industrial injury of September 25, 2008. Thus far, the applicant has been treated with analgesic medications, a walker, transfer of care to and from various providers in various specialties, unspecified amounts of chiropractic manipulative therapy, a topical compound, muscle relaxants and unspecified amounts of acupuncture. In a utilization review report dated August 5, 2013, the claims administrator denied a request for a pain management consultation, citing a variety of non-MTUS Guidelines, including non-MTUS Chapter 7 ACOEM Guidelines and non-MTUS ODG Guidelines. The claims administrator denied the pain management consultation on the grounds that there was no documentation that the conservative care has been tried and failed, despite the fact that the applicant was over five years removed from the date of injury. The applicant's attorney subsequently appealed. In a July 25, 2013 progress note, the applicant was described as reporting persistent complaints of low back pain, 8/10, with associated with issues with depression, stress, anxiety, and insomnia. An earlier note of July 12, 2013 was notable for the comments that the applicant should pursue a six-session course of acupuncture. An August 2, 2013 progress note is notable for comments that the applicant was using a variety of agents, including Flexeril, Tramadol, topical compounds, Protonix, and Prilosec. The applicant did not appear to be working on this occasion. An earlier note of July 2, 2013 was notable for the comments that the applicant should pursue a six-session course of acupuncture and a pain management consultation. It was stated that the applicant's employer was apparently not accommodating his rather proscriptive limitations. The applicant was reporting escalating complaints of low back pain on that date and was apparently using a walker to move about.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Page 127 and the ODG, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s):
1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead a primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant has seemingly failed to respond favorably to conservative treatment in form of time, medications, physical therapy, manipulative therapy, oral medications, topical compounds, etc. The applicant is off of work. The applicant has in fact proven recalcitrant to conservative management. Obtaining the added expertise of a physician specializing in chronic pain/delayed recovery, such as a pain management physician, is therefore indicated. Therefore, the request is medically necessary.