MAXIMUS Federal Services

Case Number:	CM13-0022131		
Date Assigned:	11/13/2013	Date of Injury:	01/01/1994
Decision Date:	02/04/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/09/2013

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 Neurology, has a subspecialty in Neuromuscular 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 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 patient is a 48 year old woman who sustained a work related injury on August 8 2012. The patient developed chronic back pain. She was also complaining of a left ankle sprain, anxiety, and depression. According to the note of [redacted] from August 21, 2013, the patient was complaining of bilateral knee and left toe pain on walking. Physical examination demonstrated lumbar spine tenderness with reduced range of motion. Her provider is requesting authorization for pain management consultation, weight loss program, Omeprazole, Vicodin, and Cyclobenzaprine

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a pain management specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evaluation and Management of Common Health Problems and Functional Recovery in Workers, 2nd Edition. 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 171.

Decision rationale: According to the MTUS Chronic Pain Guidelines, the presence of red flags may indicate the need for a specialty consultation. Guidelines indicate that the requesting

physician should provide a documentation supporting the medical necessity for a pain management specialist evaluation. The documentation should include the reasons, the specific goals, and an end point for using the expertise of a specialist. The medical records provided for review do not meet these criteria from the MTUS Chronic Pain Guidelines. Therefore, the request for a consultation with a pain management specialist is not medically necessary and appropriate

Weight loss program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines: Evaluation and Management of Common Health Problems and Functional Recovery in Workers, 2nd Edition. 2004

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Personal Risk Modification Page(s): 11.

Decision rationale: According to the MTUS Chronic Pain Guidelines, strategies based on modification of individual risk factors such as weight loss may be less certain, more difficult, and possibly less cost-effective to prevent back pain. There is no documentation in the medical records provided for review about the rationale behind the prescription of a weight loss program and about failed weight loss attempts by the patient. Therefore the request for a weight loss program is not medically necessary and appropriate.