MAXIMUS Federal Services

Case Number:	CM13-0024114		
Date Assigned:	11/20/2013	Date of Injury:	06/29/2011
Decision Date:	01/21/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/13/2013

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 Preventative Medicine and 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 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 applicant is a represented [redacted] employee, who has filed a claim for chronic low back pain, right ankle pain, posttraumatic stress disorder, deconditioning, hypertension, and sexual dysfunction reportedly associated with an industrial injury of June 29, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; medications for urinary incontinence; initial diagnosis with right ankle fracture; initial diagnosis of right fibular fracture; and extensive periods of time off of work. In a Utilization Review Report of August 29, 2013, the claims administrator denied a request for a pain management consultation, stating that the applicant is already receiving medications from his current primary treating provider. The applicant's attorney later appealed on September 9, 2013. In a progress report of August 16, 2013, it is stated that the applicant and primary treating provider are still awaiting for a pain management consultation. The applicant's primary treating provider is a chiropractor, it is stated. The applicant's issues are not the result of his disability claim through the [redacted]. An earlier note of July 31, 2013 is also notable for comments that the applicant needs an evaluation with a pain management physician for prescription purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation: pain management evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS-Definitions and CA MTUS ACOEM guidelines, pg 92 and 127.

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 should lead a primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is indicated. In this case, the applicant's longstanding pain complaints do make the case for the proposed evaluation with a pain management physician specializing in chronic pain. It is further noted that, contrary to what has been suggested by the prior utilization reviewer that the applicant's primary treating physician is in fact a chiropractor who is not licensed to prescribe medications. For all the stated reasons, then, a pain management evaluation is particularly appropriate here. Accordingly, the original Utilization Review decision is overturned. The request is certified, on Independent Medical Review.