

Case Number:	CM13-0044084		
Date Assigned:	12/27/2013	Date of Injury:	10/28/2009
Decision Date:	05/02/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/25/2013

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 neck pain, jaw pain, and temporomandibular joint disorder associated with an industrial injury sustained on October 28, 2009. Thus far, the applicant has been treated with analgesic medications, adjuvant medications, and transfer of care to and from various providers in various specialties. In a clinical progress note dated September 22, 2013, the applicant is described as having issues with headaches, TMJ syndrome, and multifocal pain. The applicant states that she cannot tolerate Vicodin or Norco owing to issues with itching. Extended-release Tramadol and a consultation with a pain management specialist were sought.

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 Official Disability Guidelines

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

Decision rationale: As noted in 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 longstanding, multifocal pain complaints. The applicant's issues have, indeed, proven recalcitrant to conservative management. Obtaining the added expertise of a physician specializing in chronic pain, delayed recovery, and medication management is therefore indicated and appropriate. Accordingly, the original Utilization Review decision is overturned. The request is certified.