

<b>Case Number:</b>	CM13-0048294		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/07/2013
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 Ohio and Texas. 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 43-year-old female who reported a work related injury on 02/07/2013, mechanism of injury not specifically stated. The most recent clinical notes submitted for review reports the patient was seen under the care of [REDACTED]. The clinical note is difficult to interpret due to poor photo copy and an illegible handwriting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review failed to evidence the patient's recent course of treatment, her current medication regimen, or current physical exam findings to support the requested consultation. California MTUS/ACOEM indicates the goal of such an evaluation is in fact functional recovery and return to work. However, given all the above, the request for pain management consultation is not medically necessary or appropriate.

