

Case Number:	CM13-0050878		
Date Assigned:	12/27/2013	Date of Injury:	07/01/2011
Decision Date:	05/06/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/14/2013

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 low back pain reportedly associated with an industrial injury of July 1, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy over the life of the claim; unspecified amounts of physical therapy; unspecified amounts of extracorporeal shockwave therapy; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of October 29, 2013, the claims administrator partially certified a request for a referral to an allopathic physician as a referral for medication management only. The applicant's attorney subsequently appealed. The claims administrator, it is incidentally noted, cited non-MTUS-ODG Guidelines, although the MTUS does address the issue at hand. In a chiropractic progress note of September 26, 2013, the applicant is described as having persistent low back, knee, and ankle pain with derivative psychological stress, depression, anxiety, and insomnia. The applicant is placed off of work, on total temporary disability. The applicant was asked to consult a knee surgeon to consider knee surgery, obtain additional manipulation, obtain additional physical therapy, and consult a pain management physician for medication management purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFER TO MD FOR MEDICATION WITH [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC PAIN PROCEDURE SUMMARY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The Expert Reviewer's 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 (PTP) reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant does have longstanding, multifocal pain complaints. The applicant's primary treating provider (PTP) is a chiropractor who is not licensed to prescribe medications in the state. Obtaining the added expertise of a physician who is licensed to prescribe medications is indicated, appropriate, and supported by page 1 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is certified as written.