

Case Number:	CM13-0058979		
Date Assigned:	12/30/2013	Date of Injury:	05/14/2013
Decision Date:	09/03/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/27/2013

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, has a subspecialty in Preventive 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 reportedly associated with an industrial injury of May 14, 2013. 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 physical therapy over the course of the claim; topical compounds; and extensive periods of time off of work. In a Utilization Review Report dated October 29, 2013, the claims administrator denied a request for a pain management consultation and an internal medicine consultation. Despite the fact that the MTUS addresses both of the issues at hand, the claims administrator nevertheless invoked non-MTUS ODG Guidelines to deny the request. The applicant's attorney subsequently appealed. In an October 11, 2013 progress note, the applicant presented with a variety of complaints, including neck pain and low back pain with superimposed issues with anxiety, depression, insomnia, and frustration. The applicant had a past medical and surgical history notable for hypertension, dyslipidemia, and prostatectomy, it was acknowledged. The applicant was on Norco and Motrin, the former of which was refilled. Several topical compounds were also issued. The applicant was placed off of work, on total temporary disability. The attending provider stated that he believed that the applicant's complaints were associated with cumulative trauma from repetitive lifting at work. Durable medical equipment, pain management consultation, MRI imaging of numerous body parts, electrodiagnostic testing, physical therapy, and an internal medicine consultation were sought. The attending provider, it is incidentally noted, cited non-MTUS Chapter 6 and Chapter 7 ACOEM Guidelines in its request for studies in question. DNA testing was also endorsed. The requesting provider, it is incidentally noted, was an orthopedic surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain Procedure Summary.

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

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 the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant has chronic multifocal pain complaints which have seemingly proven recalcitrant to time, medications, opioid therapy, physical therapy, etc. Obtaining the added expertise of a physician specializing in chronic pain, such as a pain management physician, to address issues associated with medication management is indicated. Therefore, the request is medically necessary and appropriate.

Internal medicine 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- Pain Procedure Summary.

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

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 5, page 92, referral may be appropriate if a practitioner is uncomfortable with a particular line of enquiry or with treating a particular cause of delayed recovery. In this case, the applicant's primary treating provider is an orthopedist who is likely uncomfortable treating the issue associated with hypertension and dyslipidemia, the issues for which an internal medicine consultation was sought. A referral/consultation is indicated in this context, per ACOEM. Therefore, the request is medically necessary and appropriate.