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| Case Number: | CM13-0060441 | | |
| Date Assigned: | 01/31/2014 | Date of Injury: | 04/12/2012 |
| Decision Date: | 05/09/2014 | UR Denial Date: | 11/20/2013 |
| Priority: | Standard | Application Received: | 12/03/2013 |

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 Physical Medicine and Rehabilitation; Pain Management has a subspecialty in Interventional Spine 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 patient is a 40 year old male with an injury date on 04/12/12. Based on the 03/05/13 progress report provided by [REDACTED], the patient's diagnosis include cervical and lumbar sprain/strain with paresthesia of the bilateral upper extremity, left elbow sprain/strain, left hand/wrist sprain/strain, thoracic spine strain/sprain, polyarthritis, and insomnia. The utilization review determination being challenged is dated 11/20/13 and recommends denial for the pain management consultation. [REDACTED] is the requesting provider, and he provided treatment reports from 03/05/13- 01/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULT: PAIN MANAGEMENT CONSULTATION: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 127 and 303.

Decision rationale: According to the 03/05/13 progress report by [REDACTED], the patient presents with cervical and lumbar sprain/strain with paresthesia of the bilateral upper extremity,

left elbow sprain/strain, left hand/wrist sprain/strain, thoracic spine strain/sprain, polyarthritis, and insomnia. The request is for a pain management consultation. The request was denied by utilization review letter dated 11/20/13 but the letter containing rationale was not included in the file for this review. ACOEM page 127 states "the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM supports specialty consultation and the patient should be allowed pain management consultation to address the persistent and chronic pain. The request is certified.