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| Case Number: | CM13-0065523 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 10/19/2010 |
| Decision Date: | 04/07/2014 | UR Denial Date: | 11/12/2013 |
| Priority: | Standard | Application Received: | 12/13/2013 |

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 48-year-old male who reported an injury on 10/19/2010. The mechanism of injury was noted to be the patient was lifting an 1800-pound kiosk. The documentation dated 10/01/2013 revealed the patient had constant, severe low-back aches, stabbing, shooting, and pain of 10/10 on pain rating scale. The patient was noted to have an initial comprehensive evaluation on 07/03/2013, where the patient was provided with Percocet and was scheduled for a lumbar spine L5-S1 Epidural Steroid Injection (ESI) under fluoroscopy and IV sedation. The patient additionally saw the pain management specialist on 08/07/2013 and 09/04/2013. The patient's diagnoses were noted to include lumbar sprain/strain, lumbar IVD (intervertebral disc), right elbow sprain/strain, left shoulder sprain/strain rule out derangement, right shoulder sprain/strain with derangement, and stress/anxiety. The request was made for continuation with the pain management physician for evaluation and medications. The patient was noted to be treated since 06/21/2012 by a pain management specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR PAIN MANAGEMENT CONSULTATION AND TREATMENT:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going Management Page(s): 78.

Decision rationale: California MTUS recommends the consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required, beyond what is usually prescribed for the condition or pain; and the patient does not improve on opioids in 3 months. The clinical documentation indicated the patient had been under treatment with a pain management specialist since 2012. There was a lack of documentation indicating the necessity for a new consult. Additionally, the request as submitted failed to indicate the quantity of treatments and type of treatments being requested. Given the above, the request for pain management consultation and treatment is not medically necessary.