

Case Number:	CM13-0072066		
Date Assigned:	01/08/2014	Date of Injury:	10/30/2009
Decision Date:	05/02/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/30/2013

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 & Rehabilitation 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 50-year-old female who reported injury on 10/30/2009. The mechanism of injury was noted to be the patient was lifting a box and twisted their right finger and bent the left middle finger. The patient had a pain management consultation on 09/13/2011 and on 05/17/2012. The documentation of 12/03/2013 revealed the patient reported being angry all the time like a caged animal, with pain at a level of 8/10 to 9/10 most days. The request was made for a pain management specialist for evaluation and management. The patient was without a PTP since the death of her PTP approximately in 04/2013. The patient's diagnoses included chronic pain disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT ONE PAIN MANAGEMENT CONSULTATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation CA MTUS ACOEM Guidelines, Chapter 7 and Official Disability Duration Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: California MTUS Guidelines recommend consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually

required for the condition, or pain does not improve in 3 months on opioids. Clinical documentation submitted for review indicated the patient had been seen previously for pain management. There was a lack of documentation indicating the patient's response and the need for a new consultation. There was a lack of documentation indicating the patient's medications to support the necessity for a pain management consultation. Given the above, the request for outpatient 1 pain management consultation is not medically necessary.