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| Case Number: | CM14-0002646 | | |
| Date Assigned: | 02/10/2014 | Date of Injury: | 03/31/2013 |
| Decision Date: | 06/23/2014 | UR Denial Date: | 01/02/2014 |
| Priority: | Standard | Application Received: | 01/07/2014 |

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:

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IMR ISSUES, DECISIONS AND RATIONALES

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

GENERAL MEDICAL CONSULTATION AND FOLLOW-UP: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 15.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF

OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004)
, Chapter 7, pages 127, 156

Decision rationale: According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a 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. In this case, there was no discussion regarding the indication for a general medical consultation. The medical records did not reveal subjective or objective findings that may warrant a consult referral. There is no documentation regarding the forms of treatment rendered to the patient and its outcomes. There is no clear indication at this time why an additional general consult is needed separately from the present provider. Therefore, the request for general medical consultation and follow-up is not medically necessary.

PHARMACOLOGICAL MANAGEMENT AS NEEDED: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 15.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medications for Subacute & Chronic Pain.

Decision rationale: CA MTUS does not specifically address cold therapy units. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: determine the aim of use of the medication; determine the potential benefits and adverse effects; and determine the patient's preference. In this case, there was no discussion regarding the specific pharmacologic treatment being requested, therapeutic goals, and adverse effects. Although pharmacologic management may be appropriate, additional information would be necessary prior to initiation of treatment. Therefore, the request for pharmacological management as needed is not medically necessary.