

Case Number:	CM14-0005685		
Date Assigned:	01/22/2014	Date of Injury:	12/10/2012
Decision Date:	06/19/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/15/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 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 injured worker is a 23 year old male who reported an injury on December 10, 2012 secondary to a fall. The clinical note dated February 3, 2014 reported the injured worker complained of pain and stiffness of the left ankle and lumbar pain. The physical examination, of the left ankle, revealed a negative drawer test and decreased range of motion. The physical examination, of the lumbar spine, revealed spasms, tenderness, decreased range of motion and decreased strength and sensation. The diagnoses included status post left ankle instability repair and lumbar strain. The treatment plan included recommendations for physical therapy, consultation/evaluation for lumbar spine, pain management consultation, Acupuncture for the left ankle, chiropractic treatment for the left ankle, psych consultation, dermatology consultation, neurology consultation and dental consultation. The injured worker's previous treatments included rest, medications and physical therapy of the left ankle and left ankle surgery for instability repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, , 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, criteria for use Page(s): 78.

Decision rationale: The injured worker has a history of on-going ankle pain treated with rest, physical therapy, medications and surgery. According to the California MTUS Guidelines note 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 on opioids in 3 months. Within the clinical information, provided for review, there is no indication of the medication the injured worker has been utilizing, specifically opioids. The injured workers prior courses of treatment were unclear. Therefore, the request for Pain Management Consultation is not medically necessary.

PSYCH CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Psychological evaluations Page(s): 100.

Decision rationale: The injured worker has a history of on-going ankle pain treated with rest, physical therapy, medications and surgery. The California MTUS Guidelines state psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. Within the clinical information, provided for review, there is a lack of documentation indicating the injured worker has significant psychological symptoms or is being treated with medication that would indicate a need for a psychological consultation. The request is non-certified.