MAXIMUS Federal Services

Case Number:	CM14-0005891		
Date Assigned:	02/14/2014	Date of Injury:	03/18/2013
Decision Date:	08/18/2014	UR Denial Date:	12/27/2013
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 Nevada and 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 injured worker is a 41 year old female who sustained an injury on 03/18/13 due to cumulative trauma from her normal occupation as a general laborer. The injured worker developed pain in the neck, shoulders, upper extremities and low back. The injured worker also had concurrent development of anxiety, depression and insomnia due to harassment at work. Treatment to date has included the use of medications such as Tramadol, Naproxen, Omeprazole and compounded topical medications. The injured worker had been provided wrist braces and obtained imaging of the cervical spine. The injured worker also had extracorporeal shockwave therapy completed in 2013. Toxicology results from 11/15/13 showed no detection of any tested substances. The PR-2 report from 11/15/13 was handwritten, but noted intermittent pain in the hands and feet as well as in the neck mid back and low back, bilateral shoulders, bilateral elbows and bilateral wrists. The injured worker indicated that these symptoms were impacting her ability to perform normal activities of daily living. On physical examination no specific findings were noted. The injured worker was recommended for physical therapy for 8 sessions. A topical compounded medication was prescribed and the injured worker was referred for pain management consult. The injured worker was seen on 01/20/14. No significant changes were noted on physical examination. The injured worker was again recommended for pain management consult. The requested pain management consult was denied by utilization review on 12/27/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PAIN MANAGEMENT CONSULTATION: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 32.

Decision rationale: The request for a pain management consultation would be recommended as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. The injured worker is now over a year status post injury with no clear improvement based on the last PR-2 reports available for review. The injured worker has not improved with medications, prior shockwave therapy or physical therapy. The injured worker was not actively being prescribed scheduled medications as of January 2014. Given the injured worker's lack of improvement with conservative treatment to date and as there is no indication of any surgical recommendations for this injured worker, a referral to pain management would be considered medically appropriate as this would help provide further avenues of care to improve the injured worker's overall functional status. Therefore, this request is medically necessary.