

Case Number:	CM14-0103440		
Date Assigned:	07/30/2014	Date of Injury:	07/11/2013
Decision Date:	09/23/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/03/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 51-year-old male who reported an injury of unknown mechanism on 07/11/2013. On 05/19/2014, his diagnoses included thoracic sprain, lumbar sprain, pain in the thoracic spine, lumbago, degeneration of thoracic or thoracolumbar intervertebral disc, degeneration of lumbar or lumbosacral disc, thoracic or lumbosacral neuritis or radiculitis unspecified, other psychalgia and psychic factors associated with disease. In the progress note it was recommended that this worker was to receive continued pain management consultation to address management of his low back pain with medication and injections. A Request for Authorization dated 05/19/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued pain management (unspecified) RFA 5/19/2014.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 112.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 77-89.

Decision rationale: The request for Continued pain management (unspecified) RFA 5/19/2014 is not medically necessary. Per the California ACOEM Guidelines, under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical

evaluation and treatment, and adheres to a conservative, evidence based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously select and refer to specialists who will support functional recovery, as well as provide expert medical recommendations. The submitted documentation noted that this worker's pain was reduced with rest, activity modification and heat. His medications, which included Norco 10/325 mg and tizanidine 4 mg, were helpful to him. There was no quantifiable documentation submitted of this worker's loss of function due to pain. Furthermore, there was no documentation of physical deconditioning due to disuse and/or fear avoidance of physical activity due to pain. Additionally, the request did not specify the body part or parts to be addressed in the pain management consultation. Therefore, this request for Continued pain management (unspecified) RFA 5/19/2014 is not medically necessary.