

Case Number:	CM14-0107280		
Date Assigned:	08/01/2014	Date of Injury:	07/18/1994
Decision Date:	09/26/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/10/2014

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 Emergency Medicine and is licensed to practice in New York. 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 52-year-old female who was injured on July 18, 2014. The patient continued to experience pain in her shoulder, knee, and lower back. Physical examination was notable for tenderness of the paracervical muscles, decreased sensation of right C5, C6, L5, and S1, decreased motor strength of the right biceps, right triceps, normal gait, and tenderness of the paraspinal lumbar muscles. Diagnoses included chronic pain syndromes, degeneration of cervical spinal disc, degeneration of lumbar spinal disc, knee pain and shoulder pain. Treatment included medications. Request for authorization for office visit for pain management was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RETRO DOS 6/30/14 Pre-review, office visit for pain management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:UpToDate; Evaluation of Chronic Pain in Adults.

Decision rationale: Many patients with chronic pain may be managed without specialty referral. Patients may require referral to a pain specialist for the following reasons: -Symptoms that are debilitating-Symptoms located at multiple sites-Symptoms that do not respond to initial therapies-Escalating need for pain medicationIn this case the patient had been treated for chronic pain for 25 years and had a stable treatment plan. There was no change in the patient's condition and there was no injury. There is no medical necessity for pain management specialist. The request should not be authorized.