

Case Number:	CM14-0013423		
Date Assigned:	02/26/2014	Date of Injury:	02/16/2005
Decision Date:	08/26/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	02/03/2014

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 and is licensed to practice in California and Washington. 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 43-year-old female who reported an injury on 02/16/2005 when she twisted her back. The injured worker's diagnoses are chronic pain syndrome, lumbar; chronic pain syndrome, cervical spine; chronic skin rash on her skin because she has a kidney and liver problem that she is being treated for. The injured worker had MRI's of the lumbar spine and cervical spine. Other diagnostic studies include a nocturnal polysomnography study dated 04/19/2013. Prior treatment includes epidural injections x2, date unknown. The injured worker complained of low back pain and numbness. The injured worker was also complaining of unacceptable continuous pain, rating pain at 8/10 to 9/10 without medication; with medication, 6/10 to 7/10. On physical examination dated 06/25/2013, the injured worker has pain down both legs and the lower and upper extremities, a +2 straight leg raise is positive on the right; cervical spine flexion is 60 degrees, extension is 10 degrees, right lateral bending was 20 degrees; and left lateral bending was 20 degrees. Lumbar spine flexion is 60 degrees, and normal is 65; extension 10 to 20 degrees; right lateral bending at 20 degrees. The injured worker's medications included Demerol and Codeine. The provider's treatment plan was to continue all medications, continue home exercise program, keep all appointments, and to return to the clinic in 1 month. Treatment plan request is for an allergy consult and inpatient pain program at [REDACTED]. The Request for Authorization form was not provided with documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ALLERGY CONSULT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2004, CHAPTER 7, INDEPENDENT MEDICAL EXAMINATIONS, PAGE 127.

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) Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 6, page 163.

Decision rationale: The request for an allergy consult is non-certified. According to the ACOEM Guidelines, a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant is usually requested to act in an advisory capacity, but may sometimes take full responsibility for investigating and/or treating a patient within the doctor-patient relationship. The injured worker complained on the most recent clinical visit of pain. There was no documentation as to the injured worker having any allergy problems subjectively or objectively. As such, the request for an allergy consult is not medically necessary.

INPATIENT PAIN PROGRAM AT [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OUTPATIENT PAIN REHABILITATION PROGRAMS Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-32.

Decision rationale: The request for inpatient pain program at [REDACTED] is non-certified. The California MTUS Guidelines state that inpatient pain rehabilitation programs typically consist of more intensive functional rehabilitation and medical care than their outpatient counterparts. Inpatient pain programs may be appropriate for patients who don't have the minimal functional capacity to participate effectively in an outpatient program; a patient that may require more intensive oversight; or are on large doses of medications that require weaning or detoxification; have a complex medical psychosocial diagnosis that benefits from more intensive observation. Although the injured worker is complaining of pain to her back, there is no clinical documentation to establish that the injured worker needs inpatient pain management. There is no notation that the injured worker has minimal functional capacity to participate effectively in an outpatient program or have a medical condition that requires more intensive oversight. According to documentation, there are no large amounts of medication that the injured worker would need help with being weaned off or detoxified. There is documentation in the treatment plan of a recommendation that the injured worker continue on medications and continue home exercise program and to keep all appointments until return to the clinic for followup. The injured worker seemed that she would be able to benefit from an outpatient

program with continuation of home exercises. Given the above, clinical documentation does not establish the need for inpatient pain program. As such, the request is not medically necessary.