MAXIMUS Federal Services

Case Number:	CM14-0014287		
Date Assigned:	02/26/2014	Date of Injury:	02/22/2013
Decision Date:	07/08/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/04/2014

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 & Rehabilitation, 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 40-year-old male who reported an injury on 02/02/2013. The mechanism of injury was not provided within the clinical documentation submitted. Within the clinical note dated 12/25/2013, the injured worker complained of pain with range of motion as well as with distal interphalangeal pain and proximal interphalangeal pain. The injured worker complained of tenderness and stiffness.The provider requested a referral for Pain Management. However, a rationale was not provided in the clinical documentation submitted. The Request for Authorization was submitted and dated 01/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 REFERRAL TO PAIN MANAGEMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The prospective request for 1 referral to Pain Management is non-certified. The injured worker complained of pain with range of motion with distal interphalangeal pain and proximal interphalangeal pain. The injured worker also complained of tenderness and stiffness.

The California MTUS Guidelines note a 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 with opioids in 3 months. The provider did not document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the injured worker's medication regimen along with the efficacy of the medication and the length the injured worker has tried the medication. Additionally, there is a lack of objective findings warranting the necessity of a Pain Management referral. Therefore, the prospective request for 1 referral to Pain Management is non-certified.