

Case Number:	CM14-0015378		
Date Assigned:	02/28/2014	Date of Injury:	03/31/2013
Decision Date:	06/30/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/06/2014

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 Texas. 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's prior treatment history has included physiotherapy which he is still receiving and chiropractic treatments. The PR-2 dated 01/03/2014 documented the thoracic spine was within normal limits. The patient's pain level is rated at 4-6/10; low back pain is rated 4-6/10 and bilateral knees 3-6/10. Diagnoses: Thoracic spine strain/sprain, Lumbar spine myofascitis, Thoracic spine myofascitis, Lumbar spine strain/sprain, Sacroiliac joint dysfunction, sprain/strain, Lumbar facet versus discogenic pain, and bilateral lumbar radiculitis/sciatica. Treatment Plan: Acupuncture, Orthopedic Consultation, Pain Management-Interventional, and General Medical Pain Management. Recommendations: Illegible. The UR report dated 01/27/2014 denied the request for Pain Management Consultation as there is no evidence as to the type and nature of treatment rendered to him post injury. A complete review of the past history is essential prior to certifying any additional treatment or diagnostic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULTATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 15.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Chronic Pain Programs Page(s): 30-33.

Decision rationale: The ACOEM recommends a consultation referral when there is physical-examination evidence of severe neurologic compromise that correlates with the medical history and test results that may indicate a need for immediate consultation. Pain Management programs according to the CA MTUS Chronic Pain section refers the user back to chronic pain programs. These guidelines state chronic pain programs (reason for pain management consultation) is indicated when previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. According to the documentation provided, which was limited, the patient has only been treated with physiotherapy and chiropractic treatment. There is no indication that the patient has tried other forms of treatment based on the documentation. As such, the request for a pain management consult has not provided medical necessity based on the guidelines and documentation presented.