MAXIMUS Federal Services

Case Number:	CM14-0019581		
Date Assigned:	04/23/2014	Date of Injury:	10/22/2011
Decision Date:	07/03/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/17/2014

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 Anesthesiology, 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 38-year-old male who sustained an injury to his low back on 10/20/11. The mechanism of injury was not documented. A poorly legible handwritten office note per [redacted], dated 11/12/13 documented complaints of 1/10 lumbar spine and left knee pain. The injured worker reported that therapy had helped greatly and that pain was increased only with prolonged activity. The injured worker did not express the need for more medication. There were no significant physical examination abnormalities documented. The injured worker was referred for pain management consultation "for possible (illegible)". The record was unclear and illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST (DOS: 11/12/2013) FOR PAIN MANAGEMENT CONSULTATION/EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, OFFICE VISITS.

Decision rationale: The retrospective request (DOS: 11/12/13) for pain management consultation/evaluation is not medically necessary. The Official Disability Guidelines (ODG) states that the need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability and reasonable physician judgment; however, the clinical note dated 11/12/13 was illegible and difficult to decipher. There were no significant physical examination findings and the injured worker expressed that he had no need for further medications. Given that the clinical note was difficult to decipher and unclear, medical necessity of the retrospective request for (DOS: 11/12/13) for pain management consultation/evaluation has not been established.