

Case Number:	CM14-0159789		
Date Assigned:	10/03/2014	Date of Injury:	04/17/2013
Decision Date:	11/20/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/29/2014

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. 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:

This 36 year-old patient sustained an injury to his right hip and lower back on 4/17/13 from cutting fabric rolls while employed by [REDACTED]. Request(s) under consideration include Pain Management Consult. Conservative care has included medications, physical therapy, acupuncture, chiropractic treatment, and modified activities/rest. Hand-written report of 5/13/14 noted chronic pain to the cervical and lumbar spine, right shoulder and wrist rated at 1-2 to 4/10 with associated numbness and tingling in lower extremities. Exam showed diffuse muscle tenderness and positive right shoulder impingement with negative SLR. The patient was off work. Report of 7/8/14 from the provider noted the patient with neck, thoracic, right shoulder, right elbow, right wrist/hand pain rated at 6-7/10 down to 2/10 with medications. The patient refused acupuncture as it was not helpful. Exam showed positive Kemp's, tenderness at paraspinals, upper trapezius; and negative SLR. MRI of thoracic spine and right elbow were reported as normal. Diagnoses include TFCC tear in right wrist/hand and labrum tear in right shoulder. Treatment included internal medicine consult, pain consult, ESWT to lumbar spine, electrodiagnostic testing of upper and lower extremities. The patient remained off work. The request(s) for Pain Management Consult was non-certified on 9/16/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Acute and Chronic; and the Institute for clinical systems improvement - Private Non-profit Organization, 2000 Oct (revised 2004 Mar)

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), 2nd Edition, (2004) Chapter 7- Independent Medical Examinations and Consultations, page 127; Chapter 6, Pain, Suffering and Restoration of Function, page(s) 108-115

Decision rationale: This patient sustained a low back and right hip injury in April 2013 and continues to treat for chronic pain. Symptoms are stable without any new trauma and the he is tolerating conservative treatments without escalation of medication use or clinically red-flag findings on examination. There is no change or report of acute flare. If a patient fails to functionally improve as expected with treatment, the patient's condition should be reassessed by consultation in order to identify incorrect or missed diagnoses; however, this is not the case; he remains stable with continued chronic pain symptoms on same unchanged medication profile and medical necessity for pain management consultation has not been established. There are no clinical findings or treatment plan suggestive for any interventional pain procedure. The Pain Management Consult is not medically necessary and appropriate.