

Case Number:	CM14-0162353		
Date Assigned:	10/07/2014	Date of Injury:	10/04/2010
Decision Date:	11/10/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/02/2014

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 Management 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:

According to the records made available for review, this is a 67-year-old female with a 10/4/10 date of injury. At the time (7/2/14) of request for authorization for Pain management referral/consultation, there is documentation of subjective (back pain radiating to right buttock) and objective (painful lumbar extension, decreased lumbar motor strength, and tenderness over lumbar spinous process as well as greater trochanter) findings, current diagnoses (osteoarthritis of knee, facet arthritis of lumbar region, low back pain, and multi-level degenerative disc disease), and treatment to date (medications and synvisc injection). There is no documentation of a rationale identifying medical necessity of requested Pain management referral/consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management referral/consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Treatment Guidelines, 2nd Edition, 2004, Chapter 7, Independent Medical Examinations and Consultations, page 127

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127

Decision rationale: MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of diagnoses of osteoarthritis of knee, facet arthritis of lumbar region, low back pain, and multi-level degenerative disc disease. However, there is no documentation that diagnosis is uncertain or extremely complex, that psychosocial facts are present, or that the plan or course of care may benefit from additional expertise. In addition, there is no documentation of a rationale identifying medical necessity of requested Pain management referral/consultation. Therefore, based on guidelines and a review of the evidence, the request for Pain management referral/consultation is not medically necessary.