

<b>Case Number:</b>	CM14-0163436		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	02/09/2012
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 Preventive 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:

According to the records made available for review, this is a 37-year-old female with a 2/9/12 date of injury. At the time (8/27/14) of the request for authorization for Pain Management consult and secondary treating physician, Qty: 1, there is documentation of subjective (continued headaches, upper and lower limb numbness mainly on the left side, left shoulder pain, left knee pain, and bilateral feet burning) and objective (decreased strength of left leg compared to right, cervical spine tenderness, limited cervical spine range of motion) findings, current diagnoses (knee pain, back pain, lower back pain, neck pain, and post concussion syndrome), and treatment to date (medication). There is no documentation of a statement identifying how the requested Pain Management consultation and secondary treating physician, Qty: 1 will aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Pain Management Consult and secondary treater, Qty: 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office Visits

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, (2004) Independent Medical Examinations and consultations, page(s) 127

**Decision rationale:** MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of knee pain, back pain, lower back pain, neck pain, and post concussion syndrome. However, there is no documentation of a statement identifying how the requested Pain Management consult and secondary treating physician, Qty: 1 will aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for Pain Management consult and secondary treating physician, Qty: 1 is not medically necessary.