

Case Number:	CM14-0185441		
Date Assigned:	11/13/2014	Date of Injury:	03/15/2008
Decision Date:	12/19/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/06/2014

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 Anesthesia, has a subspecialty in Pain Medicine and Acupuncture 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 is a 52 year old female injured worker with date of injury 3/14/08 with related low back and left knee pain. Per progress report dated 8/27/14, the injured worker complained of continued pain across the lower back as well as pain involving the left knee. She rated her pain 7/10 in intensity. Per physical exam of the lumbar and cervical spine, there was decreased range of motion of secondary to pain, there was lumbar tenderness and paraspinal muscle spasm, there was trapezial tenderness and spasm. Per physical exam of the left knee, there was decreased range of motion secondary to pain, there was positive crepitus with range of motion, there was medial and lateral joint line, and patellofemoral tenderness. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included chiropractic manipulation, and medication management. The date of UR decision was 10/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management 1 time/month for 2 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The medical necessity of the requested referral has not been sufficiently established by the documentation available for my review. The documentation does not specify what the pain management consult will address. The request is not medically necessary.