

<b>Case Number:</b>	CM14-0021139		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/13/2009
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of August 13, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; functional capacity testing; and reported return to regular work as of January 13, 2014. In a Utilization Review Report dated December 26, 2013, the claims administrator denied a request for a consultation with a physician (MD) for medication management purposes. Non-MTUS Chapter 7 ACOEM Guidelines and non-MTUS ODG Guidelines were cited, although the MTUS does address the topic. In a January 13, 2014 chiropractic progress note, the applicant's primary treating provider, a chiropractor, stated that the applicant had returned to regular work. The applicant was asked to pursue physical therapy and manipulative therapy, obtain a TENS unit, and consult a physician for medication management purposes. The applicant was given diagnoses of neck pain, low back pain, and knee pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONSULTATION WITH M.D. FOR MEDICATION MANAGEMENT:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127,156.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s):  
1.

**Decision rationale:** As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating physician (PTP) reconsider the operating diagnosis and determine whether specialist evaluation is necessary. In this case, the applicant has persistent chronic multifocal pain complaints. The applicant's primary treating provider is a chiropractor who is apparently not licensed to prescribe medications. Obtaining the added expertise of a physician (MD) who is licensed to prescribe medications is therefore indicated and appropriate. Accordingly, the request is medically necessary.