

Case Number:	CM14-0028526		
Date Assigned:	06/20/2014	Date of Injury:	05/03/2013
Decision Date:	07/17/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/06/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 47-year-old male who reported an injury after a golf cart accident on 05/03/2013. The clinical note dated 09/09/2013 indicated diagnoses of cervical spine sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/strain, bilateral shoulder pain, left wrist sprain/strain, right knee pain. The injured worker reported intermittent neck pain that radiated into bilateral upper extremities. The injured worker reported increased pain when he turned his head from side to side or flexed and extended his head and neck or when he reached or lifted or from prolonged sitting or standing. The patient rated his pain 7/10. The injured worker reported intermittent shoulder pain bilaterally. The patient rated his shoulder pain 6/10. The injured worker reported pain to his left wrist, continuous that was aggravated by repetitive flexion, grasping, gripping, pushing, pulling, and when he opened jars and bottles. The patient rated the pain 8/10. He also reported middle and low frequent back pain that radiated into the bilateral lower extremities. He reported the pain increased after he stood, twisted, walked, lifted, stooped, bended, or squatted for long period of time. The injured worker reported continuous right knee pain that increased from prolonged walking, standing, flexing, extending the knee, ascending or descending stairs, squatting, stooping, episodes of buckling and giving way. The injured worker rated his knee pain 8/10. On physical examination, the injured worker had decreased range of motion to the lumbar spine. The injured worker's prior treatments included diagnostic imaging, chiropractic treatment, and medication management. The injured worker's medication regimen included Flurbiprofen, Cyclobenzaprine, Omeprazole, and Tramadol. The provider submitted a request for pain management consultation. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The MTUS Chronic Pain Guidelines state if complaints persist, the MD needs to reconsider the diagnosis and decide whether a specialist is necessary. The documentation submitted did not discuss failure of oral medications for pain control or the need for interventional pain management. In addition, there is no evidence that the injured worker is in need of pain management of his oral medications. Furthermore, the provider did not indicate a rationale for the request and there is no justification for the request. Therefore, the request for pain management consultation is not medically necessary and appropriate.