

<b>Case Number:</b>	CM14-0028531		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/01/2012
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Occupational Medicine has 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 represented [REDACTED] employee who has filed a claim for chronic neck, arm, back, and leg pain reportedly associated with an industrial injury of February 1, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and epidural steroid injection therapy. In a utilization review report dated March 3, 2014, the claims administrator did not grant the request for pain management consultation. Non-MTUS Chapter 7 ACOEM Guidelines were cited. The claims administrator did mislabel/misrepresent these guidelines as originating from the MTUS. The claims administrator stated the fact that the applicant was concurrently seeing a spine surgeon and/or contemplating spine surgery obviated the need for pain management consultation. The applicant's attorney subsequently appealed. In a progress note dated February 21, 2014, the applicant did report persistent complaints of low back pain. The applicant was reportedly frustrated with lack of pain medications and ongoing pain complaints. The applicant was apparently angered that the claims administrator did not grant a lumbar fusion surgery. The attending provider placed the applicant off of work, on total temporary disability. It was suggested that the applicant consult a spine surgeon and a pain management physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7 on Independent Medical Examinations and Consultations, Page 127.

**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 that prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant has heightened pain complaints. The applicant continues to report severe pain. The applicant is off work. The applicant is having issues with medication management. Obtaining the added expertise of physician specializing in chronic pain, such as a pain management physician, is indicated in this context. Therefore, the request is medically necessary.