

<b>Case Number:</b>	CM14-0030429		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/07/2009
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 46-year-old male who reported an injury on 04/07/2009 due to a fall. The injured worker complained of ongoing pain in his left knee as well as his right shoulder, and right foot. The injured worker's diagnoses are insomnia related to major depressive disorder, alcohol abuse, and chronic pain. On physical examination dated 01/14/2014, it was documented that the injured worker continued to self-medicate in an attempt to decrease his unremitting pain and is impeding his ability to improve further psychologically. The injured worker's medications were Effexor XR, Trazodone, Vicodin, and Advil. The injured worker's past treatments or diagnostics are occupational therapy, right knee surgery on 11/13/2009 and an MRI dated 04/13/2009. The injured worker's treatment plan was to continue Effexor and increase Trazodone to 150 to 200 at bedtime, continue group therapy for depression and insomnia, and pain management consultation with medication management. The Request for Authorization Form was not provided with documentation submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management:** Upheld

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

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

**Decision rationale:** The Official Disability Guidelines recommend as determined to be medically necessary evaluation and management outpatient visits to the office of the medical doctor that plays a critical role in the proper diagnosis and return to functions of an injured worker and they should be encouraged. The need for clinical office visits with a healthcare professional is individualized and based upon a review of the patient's concern, signs and symptoms, clinical stability, and reasonable physician judgment. The injured worker complained of left knee pain, right shoulder pain, and tingling and numbness into the right foot with pain. There was documentation on psychiatric clinical visit that patient had been self-medicating for the unremitting pain to the left knee and right shoulder and tingling into the right foot. According to guidelines as patient's conditions are extremely varied a set number of office visits per condition can be reasonably established. There is no objective information supporting the injured worker's pain, such as functional deficits and/or limitations due to pain. In addition the request is just for pain management does not include a number of visits or what treatment is being requested. As such, the request is not medically necessary.