

<b>Case Number:</b>	CM14-0032024		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/08/2013
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 hand pain reportedly associated with an industrial injury of November 8, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy; unspecified amounts of chiropractic manipulative therapy; and extensive periods of time off of work. In a Utilization Review Report dated February 24, 2014, the claims administrator denied a request for a referral to a physician for medication management purposes. Eight sessions of physical therapy were conditionally denied. The applicant's attorney subsequently appealed. In a progress note dated March 11, 2014, is sparse, somewhat difficult to follow, the applicant's primary treating provider (PTP), a chiropractor, placed the applicant off of work, on total temporary disability. Physical therapy, an ophthalmology consultation, an orthopedic consultation, and an M.D. referral consultation for medication management purposes were sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Referral to MD for Medication:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 1.  
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 provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant's primary treating provider, a chiropractor, is not licensed to prescribe analgesic medications. The applicant apparently has ongoing pain complaints which have proven recalcitrant to physical therapy and manipulative therapy. Obtaining the added expertise of a physician (M.D.) for medication management purposes is indicated. Therefore, the request is medically necessary.