

Case Number:	CM14-0035401		
Date Assigned:	06/23/2014	Date of Injury:	08/07/2013
Decision Date:	08/11/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/21/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 28-year-old male with an 8/7/13 date of injury. At the time (3/3/14) of request for authorization for Pain Management Consult with twelve (12) visits, there is documentation of subjective (significant swelling of the right foot and ankle with chronic pain) and objective (moderate residual swelling of the right foot and ankle) findings, current diagnoses (peroneal tendinitis and bilateral calcaneus fracture), and treatment to date (physical therapy and medications (Motrin and Tramadol)). In addition, medical report plan identifies pain management consult for weaning off opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consult with twelve (12) visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1, Introduction Page(s): 1. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Chapter 7, Pg 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Independent Medical Examinations and consultations Page(s): 127.

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical

stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of peroneal tendinitis and bilateral calcaneal fracture. In addition, given documentation of a plan identifying pain management consult for weaning off opioids, there is documentation that consultation is indicated to aid in aid in the therapeutic management of the examinee. However, the proposed number of sessions exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Pain Management Consult with twelve (12) visits is not medically necessary.