

Case Number:	CM14-0035599		
Date Assigned:	06/23/2014	Date of Injury:	12/03/2013
Decision Date:	07/31/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/24/2014

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 57-year-old female with a 12/3/13 date of injury. At the time of the request for authorization, there is documentation of subjective complaints of chronic pain. Current diagnoses include opioid type dependence, other specified drug dependence, central pain syndrome, other acute postoperative pain, chronic pain due to trauma, other chronic postoperative pain, other chronic pain, and chronic pain syndrome, and treatment to date has been medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transfer of Care to Pain Management, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations, page(s) 127.

Decision rationale: The ACOEM guidelines state 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 of consultation. Within the medical information available for review, there is documentation of diagnoses of opioid type dependence, other specified drug dependence, central pain syndrome, other acute postoperative pain, chronic pain due to trauma, other chronic postoperative pain, other chronic pain, and chronic pain syndrome. However, there is no documentation clarifying how transfer of care to pain management will 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 such, the request is not medically necessary.