

Case Number:	CM14-0036080		
Date Assigned:	06/23/2014	Date of Injury:	05/14/2012
Decision Date:	07/22/2014	UR Denial Date:	03/19/2014
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 52-year-old male with a 5/14/12 date of injury. At the time (3/6/14) of request for authorization for referral to pain management physician, there is documentation of current diagnoses (chronic pain and opioid type dependence) and a plan identifying referral to a pain management specialist for prescribing and monitoring opioid pain medications, determining when injections and/or pain management and/or pain reduction devices are appropriate, determining when therapies are indicated, determining if and when medications are indicated, and performing pain management procedures. In addition, the most recent medical report from the requesting physician identifying subjective (low back pain radiating to the legs and difficulty sleeping) and objective findings (decreased lumbar range of motion), and treatment to date (physical therapy) is dated 11/13/13. There is no documentation 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to pain management physician: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 chronic pain and opioid type dependence. However, despite documentation of a plan identifying referral to a pain management specialist for prescribing and monitoring opioid pain medications, determining when injections and/or pain management and/or pain reduction devices are appropriate, determining when therapies are indicated, determining if and when medications are indicated, and performing pain management procedures; and given documentation that the most recent medical report from the requesting physician identifying subjective/objective findings and treatment to date is dated 11/13/13, there is no documentation of a recent and updated medical report from the requesting physician identifying the patient's current clinical condition (including subjective/objective findings, treatment to date, etc.) and 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. Therefore, based on guidelines and a review of the evidence, the request for referral to pain management physician is not medically necessary.