

Case Number:	CM14-0041837		
Date Assigned:	09/12/2014	Date of Injury:	05/20/2013
Decision Date:	10/16/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/07/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 43-year-old female was reportedly injured on May 20, 2013. The mechanism of injury is stated to be falling off a 4 foot high step. The most recent progress note, dated February 25, 2014, indicates that there are ongoing complaints of low back pain, left shoulder pain, and right ankle pain. The physical examination demonstrated tenderness over the lumbar spine paraspinal muscles. There was a positive straight leg raise test. Examination of the left shoulder revealed tenderness of the upper trapezius and full range of motion with pain. There was tenderness to the right ankle and pain with range of motion. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy, acupuncture, and oral medications. A request had been made for a pain management consultation and was not certified in the pre-authorization process on March 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, chapter 7, Independent Medical Examinations and Consultations, page 127, 156, Official Disability Guidelines (ODG) pain chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: The California MTUS ACOEM Guidelines state "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." A review of the attach medical record indicates that the injured employee has tried several conservative treatment methods and still has pain of the lumbar spine, left shoulder, and right ankle. Considering this, this request for a pain management consultation is medically necessary.