

Case Number:	CM14-0059705		
Date Assigned:	07/09/2014	Date of Injury:	02/27/2004
Decision Date:	11/19/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	04/30/2014

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 Medicine and is licensed to practice in Massachusetts. 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 documents available for review, the patient is a 45 year old male. The date of injury is 2/27/2004. The patient sustained an injury to the cervical spine and lumbar spine. The specific mechanism of injury was not fully elaborated on in the notes available for review. The patient is s/p IDET annuloplasty to L4-L5 and s/p lumbar fusion. The patient currently complains of pain in the neck and bilateral upper extremities, as well as low back pain worse with movement. A request for pain management consultation with a guarantee from the industrial insurance carrier that they will approve the prescriptions if written was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management evaluation with a pain management doctor on the MPN list to take over the medications which include Class II Narcotics, with a guarantee from the industrial insurance carrier will approve the prescriptions if written.: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: According to the ACOEM, Chapter 12, Low Back pain section, specialist referral is warranted when the referral is likely to lead to specialized treatment which the patient

would not be able to obtain without such a referral. The current request is vague as to the requested service and does not provide rationale as to how the referral to a pain management specialist would specifically benefit the patient. A referral simply to take over opioid prescriptions is not medically necessary or justified based on the ACOEM guidance for specialist referral. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.