

Case Number:	CM14-0062938		
Date Assigned:	07/11/2014	Date of Injury:	05/19/2010
Decision Date:	09/15/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/05/2014

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 and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 63-year-old female who reported an injury on 05/19/2010, while at work, she tripped on broken concrete and fell hard on both knees, while using both arms to break the fall. She felt pain in knees, arms, back, and neck. The injured worker's treatment has included x-rays, MRI, physical therapy, medications, surgery, injection, and epidural and facet blocks. The injured worker was evaluated on 04/09/2014 and it was documented that the injured worker complained of lumbar spine, left shoulder, and left knee pain. The injured worker stated she feels like her pain was getting worse in all areas. It was documented the injured worker was having trouble getting comfortable due to the pain. Medications included Norco 10/325 mg, Norflex, and Prilosec. The Request for Authorization dated 04/17/2014 was for pain management consultation and treatment for chronic pain and narcotic control. The rationale was for the injured worker to receive pain management for control of her narcotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation and treatment for chronic pain and narcotic control:

Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Office Visits.

Decision rationale: The request for pain management consultation is not medically necessary. Per the Official Disability Guidelines (ODG), office visits are recommended based on patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documents submitted indicated the injured worker failed conservative care, however there was lack of outcome measurements listed such as physical therapy measures and home exercise regimen. In addition, the documents failed to indicate longevity of medication usage for the injured worker there is lack of documentation of long-term goals regarding functional improvement. Given the above, the request for pain management referral consult is not medically necessary.