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| Case Number: | CM14-0067493 | | |
| Date Assigned: | 07/14/2014 | Date of Injury: | 12/17/2010 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 05/02/2014 |
| Priority: | Standard | Application Received: | 05/12/2014 |

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 & Rehabilitation 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:

The injured worker is a 36-year-old male who reported an injury on 12/17/2010. The mechanism of injury was not provided in the medical records. His diagnoses included lumbar disc disease and hypertension. The injured worker was not receiving treatment for his chronic low back pain. The injured worker has presented for an evaluation regarding his hypertension. His physical examination revealed tenderness and limited mobility of the back. His medications were noted to include Tizanidine, Hydrocodone, Lisinopril, Flector patches, and Lidoderm patches. His treatment plan included antihypertensives and a referral to pain management as the low back pain aggravates his blood pressure problem. The Request for Authorization form was submitted on 04/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to pain specialist: Upheld

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

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

Decision rationale: The request is not medically necessary. According to the Official Disability Guidelines, office visits with medical doctors play a critical role in patient diagnosis and treatment. The need for clinical office visits is known to be based on clinical presentation, patient signs and symptoms, and reasonable physician judgment. The clinical information submitted for review indicated that the injured worker was receiving treatment for his chronic low back pain only in the form of analgesics. However, the documentation did not indicate which provider was providing him with prescription analgesics at this time. In addition, in order to establish the need for a referral to a pain specialist, additional documentation is needed regarding previous treatment, functional status, and pain levels. In the absence of this documentation, the need for a referral to a pain specialist cannot be supported. Based on the above, the request is not medically necessary.