

Case Number:	CM14-0069391		
Date Assigned:	07/14/2014	Date of Injury:	01/12/2011
Decision Date:	09/12/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/14/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hip pain reportedly associated with an industrial injury of January 12, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; a total hip arthroplasty procedure; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated April 17, 2014, the claims administrator denied a request for a pain management consultation, citing non-MTUS Chapter 7 ACOEM Guidelines which the claims administrator mislabeled/misrepresented as originating from the MTUS. The claims administrator stated that the applicant's primary treating provider, an orthopedist, should be more capable of managing the applicant's chronic pain complaints than a pain management physician. An internist consultation/internal medicine evaluation was also denied on the grounds that the applicant's primary treating provider had not outlined what internal medicine issues were present which would warrant an internal medicine evaluation. The applicant's attorney subsequently appealed. In an April 30, 2014 appeal letter, the attending provider noted that the applicant had chronic multifocal neck, low back, and mid back pain complaints which had proven recalcitrant to time, medications, physical therapy, and earlier knee surgery. The applicant was not working and his employer was apparently unable to accommodate his limitations, it was suggested. The attending provider stated that the applicant had a variety of pain complaints which could benefit from the added expertise of a pain management physician. The attending provider stated that the applicant was not obese. The attending provider stated that the applicant had intermittent complaints regarding his ability to tolerate medications. The attending provider stated that he was going to seek consultation with both the gastroenterologist and an internist. It was not stated for what purpose the internist evaluation was being sought. In a progress note dated March 20,

2014, the applicant's primary treating provider noted that the applicant needed to be followed up on by an internist to address issues with gastritis, blood pressure, and lower extremity swelling which the attending provider believes could be a function of underlying hepatic toxicity and/or nephrotoxicity, possibly precipitated by medication usage.

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 Guidelines 2004, 2nd edition, chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant is off of work. The applicant had multifocal low back, hip, neck, and spine complaints. Obtaining the added expertise of a pain management physician to potentially optimize the applicant's medication management is indicated, given the failure of various operative and nonoperative treatments. Therefore, the request is medically necessary.

Internist consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 92, a referral may be appropriate if the practitioner is uncomfortable treating a particular cause of delayed recovery. In this case, the attending provider has posited that he is uncomfortable addressing some of the applicant's allegations and issues, including lower extremity edema, elevated blood pressure, suspected hepatotoxicity, etc. Obtaining the added expertise of an internist to further evaluate these issues is therefore indicated. Accordingly, the request is medically necessary.