

<b>Case Number:</b>	CM14-0070039		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	07/11/2012
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 Management 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 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 54-year-old male who reported an injury on 07/11/2012. The patient fell backwards off an examination stool at work and struck his head, neck and left elbow on the ground then lost consciousness. Diagnosis to date includes spinal trauma. The claimant's previous treatments were physical therapy, epidural steroid injections, and trigger point injections. The claimant received a Computerized Tomography (CT) scan on 10/19/13 of the thoracic spine without contrast, which revealed postoperative and degenerative changes of the thoracic spine without fracture or subluxation. The injured worker had a spinal fusion at T2- on 8/2/12. The injured worker complained of left upper back pain; but he was completely off Oxycontin and was only taking morphine sulfate 5mg once a day or every 48 hours. A physical examination documented continued mid-back pain, but the claimant was not requesting any further morphine and wanted to restart physical therapy. The claimant's medication included morphine sulfate 5 mg, once a day as needed. The injured worker's treatment plan was to refer to pain management, restart physical therapy and follow up in 4 weeks. The rationale for the request was not provided with any documentation for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Consult and Treatment:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

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

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Introduction, page 1. The Expert Reviewer's decision rationale: The request for pain management consultation and treatment is not medically necessary. According to the CA MTUS Guidelines, "if the complaint of pain persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker complained of mild left upper back pain; however, is taking morphine sulfate 5 mg once a day or every 48 hours as needed for pain. The documentation submitted for review lacks clinical documentation of increased pain, both subjectively and objectively. The injured worker was going through physical therapy and found relief with it. However, there is a lack of documentation of a quantifiable pain score, comprehensive pain assessment, and the lack of documentation of increased back pain. The request includes treatment; however, the specific treatment being requested was not provided. Therefore, the request is not supported and is not medically necessary.