

Case Number:	CM14-0073815		
Date Assigned:	07/16/2014	Date of Injury:	06/05/2000
Decision Date:	10/07/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/21/2014

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 Family 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:

This 68 year old patient had a date of injury on 6/5/2000. The mechanism of injury was not noted. In a progress noted dated 5/6/2014, subjective findings included increasing pain in left hip. She has lumbosacral dysfunction as well. On a physical exam dated 5/6/2014, objective findings included she was given local injection of Celestone and lidocaine in the greater trochanteric area of her left hip. Diagnostic impression shows lumbosacral pathology with MRI documenting a bulging disk in the lumbosacral area. Treatment to date: medication therapy, behavioral modification. A UR decision dated 5/15/2014 denied the request for Pain management consultation, stating that there is no clear rationale for this request. There is limited documentation of the claimants current objective and functional limitations to support this request, and it is unclear whether this claimant has tried prior conservative treatments for the lumbosacral spine.

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 Official Disability Guidelines-Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 127, 156. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In a progress note dated 10/23/2013, it was noted that the patients symptoms have not improved despite conservative care and analgesics such as Norco 10/325. In a progress report dated 5/6/2014, there was increasing hip pain and lumbosacral dysfunction. Therefore, the request for a pain management consultation is medically necessary.