

Case Number:	CM14-0074373		
Date Assigned:	07/16/2014	Date of Injury:	11/03/2011
Decision Date:	08/29/2014	UR Denial Date:	05/05/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 45-year-old female who reported an injury on 11/03/2011 due to a motor vehicle accident. The injured worker reportedly sustained an injury to her low back. The injured worker's treatment history included chiropractic care, physical therapy, multiple medications, acupuncture, TENS unit, and epidural steroid injections. The injured worker was evaluated on 05/05/2014. It was noted that the injured worker had persistent low back pain. Physical findings included exaggerated lordosis with restricted range of motion secondary to pain and tenderness to palpation at the L4-5 spinous process with documented right-sided sacroiliac joint tenderness and decreased sensation along the right calf. The injured worker's diagnosis included lumbosacral spondylosis. A request was made for ongoing treatment by a pain management physician. However, no justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing Treatment by Pain Management Physician: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment & Workman's Compensation (TWC): Evaluation and Management; Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, page(s) 78 Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Office Visits.

Decision rationale: The requested ongoing treatment by pain management physician is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend treatment by a pain management specialist for injured workers who are on medication therapy for a period of longer than 3 months. The clinical documentation submitted for review does indicate that the injured worker has required medication management and injection therapy for an extended duration of treatment. However, Official Disability Guidelines recommend office visits be determined by the need for ongoing evaluation and management. Therefore, an open-ended request would not be supported by guideline recommendations. As such, the requested ongoing treatment by pain management physician is not medically necessary or appropriate.