

Case Number:	CM14-0085741		
Date Assigned:	07/23/2014	Date of Injury:	06/21/2009
Decision Date:	08/27/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/09/2014

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, Pain Medicine 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 injured worker is a 59-year-old male who reported an injury on 06/21/2009. The mechanism of injury was not provided. On 04/21/2014, the injured worker presented with pain in the back and had complaints of poor sleep quality due to pain. Upon examination, the injured worker was presented sitting, with ongoing severe baseline back pain. He was walking with a cane and sitting on the edge of the seat with discomfort. There was no new neurological deficit. The diagnoses were lumbago and degenerative lumbar/lumbosacral intervertebral disc. Prior therapy included medications. The provider recommended a pain management consultation. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), updated guidelines, Chapter 6, page 163.

Decision rationale: The request for pain management consultation is not medically necessary. The California MTUS/ACOEM Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness to return to work. The provider noted that the injured worker was uncomfortable on the current medication regimen. However, an adequate and complete examination of the injured worker was not provided, detailing current deficits to warrant pain management consultation. The providers request was not provided, and there was no information on how a pain consultation would evolve in the injured workers current treatment plan or goals. As such, the request is not medically necessary.