

Case Number:	CM13-0061339		
Date Assigned:	12/30/2013	Date of Injury:	09/13/2012
Decision Date:	03/20/2015	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/04/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Pennsylvania
Certification(s)/Specialty: Family Practice

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 female, who sustained an industrial injury on September 13, 2012. She has reported low back, hip and leg pain. The diagnosis was not provided. There were no diagnostic studies noted in the medical record. Treatment to date has included chiropractic, traction and myofascial release. Currently, the IW complains of lumbar and left sacroiliac pain with left thigh numbness. Treatment includes chiropractic, traction and myofascial release. On November 26, 2013 utilization review non-certified a request for pain management consultation with 12 visits, noting no definition of what "pain management" is offered. The American College of Occupational and Environmental Medicine (ACOEM) guidelines and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated December 3, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULTATION WITH 12 VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: It is not clear from the available medical record what the indication for the pain management consultation is. The Chronic Pain Medicine guidelines do recommend pain management consultation for high dose opioid use or when pain is not controlled. In this case it is not evident that the worker's pain is not controlled, or that there is another indication for a pain management consultation.