

Case Number:	CM14-0175373		
Date Assigned:	10/28/2014	Date of Injury:	03/27/2006
Decision Date:	01/05/2015	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/23/2014

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 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:

According to the records made available for review, this is a 79-year-old male with a 3/27/06 date of injury. At the time (7/8/14) of request for authorization for Pain management consult to discuss treatment options including medication management and possible injections, there is documentation of subjective (ongoing neck pain, low back pain, and weakness of the bilateral lower extremities) and objective (tenderness to palpation over the paracervical and trapezius muscles bilaterally, decreased range of motion of the cervical spine, positive foraminal compression test and shoulder depressor test bilaterally, tenderness to palpation over the paralumbar muscles bilaterally, and decreased range of motion of the lumbar spine) findings, current diagnoses (cervical disc syndrome, lumbar disc syndrome, cervical radiculitis, lumbar radiculitis, and abnormality of gait), and treatment to date (physical therapy and medications). There is no documentation that the consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consult to discuss treatment options including Medication Management and Possible Injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Consultation, Chapter 7.

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), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127; Official Disability Guidelines (ODG), Mental & Stress, Office visits; Medical practice standard of care.

Decision rationale: Specifically regarding Medication Management, MTUS does not address the issue. ODG identifies that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker; and that the determination of necessity for an office visit requires individualized case review and assessment, as criteria necessary to support the medical necessity of medication management visits. Specifically regarding unspecified Injections, MTUS and ODG do not address the issue. Medical Treatment Guideline/Medical practice standard of care criteria necessitate/makes it reasonable to require documentation of which specific injection(s) are being requested as well as a diagnosis/condition (with subjective/objective findings) for which the requested injection(s) are indicated, as criteria necessary to support the medical necessity of medication(s). Specifically Regarding Pain management consult, MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of cervical disc syndrome, lumbar disc syndrome, cervical radiculitis, lumbar radiculitis, and abnormality of gait. However, given documentation of a request for Pain management consult to discuss treatment options including medication management and possible injections and given no documentation of which specific injection(s) are being requested as well as a diagnosis/condition (with subjective/objective findings) for which the requested injection(s) are indicated, there is no documentation, there is no documentation that the consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for Pain management consult to discuss treatment options including medication management and possible injections is not medically necessary.