

Case Number:	CM14-0191774		
Date Assigned:	11/25/2014	Date of Injury:	06/28/2011
Decision Date:	01/20/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/17/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, wrist, hand, finger, elbow, and foot pain reportedly associated with an industrial injury of June 28, 2011. In a Utilization Review Report dated November 4, 2014, the claims administrator denied a request for a pain management consultation, invoking non-MTUS Chapter 7 ACOEM Guidelines. The claims administrator did acknowledge that the applicant had multifocal pain complaints, including low back, hands, and wrist. The claims administrator stated that its decision was based on an October 28, 2014 request for authorization. On June 11, 2014, the applicant presented with ongoing complaints of foot pain, ankle pain, plantar fasciitis, and tarsal tunnel syndrome. The applicant had comorbid hypertension. The applicant was using orthotics for ankle pain. Work restrictions and orthotics were endorsed. It was not clear whether the applicant was or was not working with said limitations in place. On October 7, 2014, the applicant reported ongoing complaints of low back pain, hand pain, wrist pain, thumb pain, and finger pain. The applicant had permanent work restrictions in place. The applicant did not appear to be working with said permanent limitations in place. The applicant was given omeprazole for gastric prophylaxis purposes and asked to consult a pain management physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS/ACOEM Practice Guidelines (2004), 2nd Edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider (PTP) to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant has multifocal low back, hand, wrist, elbow, and foot pain complaints. The applicant is seemingly off of work. Permanent work restrictions remain in place, unchanged, from visit to visit. Obtaining the added expertise of a practitioner in another specialty, such as pain management, meets guidelines in this case. Therefore, the request is medically necessary.