

Case Number:	CM14-0203093		
Date Assigned:	12/15/2014	Date of Injury:	09/19/2001
Decision Date:	01/30/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/04/2014

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:

This individual is a 65 y/o male who developed chronic low back/leg pain subsequent to an injury dated 9/19/01. He is diagnosed with a post laminectomy syndrome and has poorly controlled pain while on significant amounts of opioid medications that includes Exalgo 16mg q am and Dilaudid 8mg QID. His condition is complicated by a more recent cervical Odontoid fracture that has caused complaints of neck pain, hand numbness and balance problems. A detailed review of the medical narratives reveals that the request is for a consultation/evaluation with the Stanford pain program and not a request for entrance into the formal program. It is not completely clear if the request is for mainly for medication adjustment/possible weaning or functional rehabilitation. However, the evaluation should clear this issue up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Pain Clinic for Pain Medicine Program: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Programs Page(s): 30-33.

Decision rationale: MTUS Guidelines support the multidisciplinary evaluation for pain programs when there are complex issues and poor pain control. Afterward, the possible recommendations for treatment can be reviewed as a separate issue. This individual meets guideline criteria for an evaluation. The request for the pain program evaluation is medically necessary.