

Case Number:	CM14-0022055		
Date Assigned:	05/09/2014	Date of Injury:	03/03/2011
Decision Date:	03/10/2015	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/21/2014

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. 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 25 year old female, who sustained an industrial injury on March 3, 2011. The diagnoses have included other chronic pain, brachial plexus lesions, disc displacement site unspecified without myelopathy, rotator cuff syndrome, insomnia, and superior glenoid labrum lesions. Treatment to date has included anti-epilepsy, muscle relaxant, and migraine medications. Currently, the injured worker complains of cervical pain and headache. Current medications included steroid, antidepressant, anti-epilepsy, muscle relaxant, and migraine medications. On February 11, 2014 the injured worker submitted an application for IMR for review of a specialist referral for pain management, noting the lack of documentation of the medical indication for this consultation and the ACOEM (American College of Occupational and Environmental Medicine) Guidelines, 2nd Edition, Chapter 7 - Independent Medical Examinations and Consultations were cited. A retrospective prescription for Imitrex 100mg (DOS: 1/27/14), Quantity: 9, noting the lack of documentation of current headaches or derived functional benefit from its use and the Work Loss Institute, ODG-TWC (Official Disability Guidelines- Treatment in Workers' Compensation), 5th Edition, Head (updated 4/16/10) for Triptans was cited. A retrospective prescription for Neurontin 600mg 1 po bid (by mouth twice a day) (DOS: 1/27/14), Quantity: 60, noting the lack of documentation of radicular pain or physical exam findings consistent with radiculopathy and the California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines for Antiepilepsy Drugs was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Specialist Referral Pain Management: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 92 and 127.

Decision rationale: Specialist Referral Pain Management is not medically necessary. is not medically necessary. Per Ca MTUS ACOEM guidelines page 92, referral may be appropriate if the practitioner is uncomfortable with the line of care, was treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to treatment plan...Page 127 of the same guidelines states, "the occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment may also be useful in avoiding potential conflicts of interest when analyzing causation 01 prognosis, degree of impairment or work capacity requires clarification. A referral may be for: (1) consultation: 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. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee for patient. (2) Independent medical examination (IME): To provide medical legal documentation of fact, analysis, and well-reasoned opinion, sometimes including analysis of causality. The claimant's last visit did not indicate any of the above guidelines; therefore, the requested service is not medically necessary."