

Case Number:	CM14-0215276		
Date Assigned:	01/15/2015	Date of Injury:	12/09/2010
Decision Date:	03/03/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 neck, low back, shoulder, and wrist pain reportedly associated with an industrial injury of December 9, 2010. In a Utilization Review Report dated November 19, 2014, the claims administrator failed to approve a pain management consultation. The claims administrator referenced non-MTUS Chapter 7 ACOEM Guidelines in its determination. An RFA form dated November 6, 2014 was also referenced. The applicant's attorney subsequently appealed. Electrodiagnostic testing of the lower extremities dated November 4, 2014 was negative for radiculopathy but did demonstrate evidence of lower extremity polyneuropathy. In a handwritten note dated November 6, 2014, the applicant reported multifocal complaints of neck, shoulder, and left upper extremity pain, 6-7/10. The applicant had retired from his former employment, it was acknowledged. A pain management consultation was apparently sought. The attending provider stated, admittedly through preprinted checkboxes, that the applicant had failed physical therapy, manipulative therapy, acupuncture, and medication therapy.

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 ACOEM Guidelines page 127 Consultation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 to reconsider the operating diagnosis to determine whether a specialist evaluation is necessary. Here, the applicant has multifocal pain complaints which have proven recalcitrant to time, medications, physical therapy, acupuncture, manipulative therapy, etc. Obtaining the added expertise of a physician specializing in chronic pain complaints, namely a pain management consultant, thus was indicated. Therefore, the request was medically necessary.