

Case Number:	CM14-0063442		
Date Assigned:	07/11/2014	Date of Injury:	10/05/2012
Decision Date:	01/26/2015	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/06/2014

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 has filed a claim for chronic shoulder, neck, and low back pain reportedly associated with an industrial injury of October 5, 2012. In a Utilization Review Report dated April 24, 2014, the claims administrator failed to approve request for pain management consultation, alleging a paucity of information submitted by the attending provider so as to augment the request at issue. Non-MTUS Chapter 7 ACOEM Guidelines were invoked, which were, furthermore, mislabeled as originating from the MTUS. The claims administrator invoked progress notes of March 1, 2014, and January 17, 2013, in its denial. The applicant's attorney subsequently appealed. In an October 11, 2013 progress note, the applicant reported ongoing complaints of low back pain. The applicant received acupuncture, manual therapy, myofascial release therapy, and infrared therapy. The applicant's work status was not provided. On November 4, 2013, the applicant was asked to consult a pain management physician and an orthopedist. Both manipulative therapy and chiropractic therapy were endorsed, along with topical compounded creams. Multifocal complaints of shoulder and low back pain were evident. On December 2, 2014, the applicant was again given work restrictions while acupuncture, manipulative therapy, topical compounded creams, and a pain management referral were endorsed for ongoing complaints of shoulder and back pain. It was not stated whether or not the applicant was or was not working with limitations in place, although this did not appear to the case. The applicant went on to receive acupuncture, myofascial release therapy, and infrared therapy at various points in late 2013 and early 2014. Extracorporeal shockwave therapy was subsequently performed including on April 7, 2014. On January 6, 2014, the applicant was placed off of work, on total temporary disability, while pain management consultation was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 of 5 pain management consult body part: left/right shoulder, cervical and lumbar spine:
Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant is off of work, on total temporary disability. The applicant had, in effect, failed earlier conservative treatment with chiropractic manipulative therapy, physical therapy, acupuncture, topical compounded medications, extracorporeal shockwave therapy, etc. Obtaining the added expertise of a physician specializing in chronic pain, such as a pain management consultation was/is indicated. Therefore, the request is medically necessary.