

Case Number:	CM15-0102432		
Date Assigned:	06/04/2015	Date of Injury:	04/24/2001
Decision Date:	07/10/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/28/2015

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, New York, 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 47-year-old who has filed a claim for chronic low back and ankle pain reportedly associated with an industrial injury of April 24, 2001. In a Utilization Review report dated May 7, 2015, the claims administrator failed to approve a request for a transfer care to a pain management physician to address chronic ankle pain complaints. The claims administrator referenced a RFA form received on May 4, 2015 and an associated progress note of March 25, 2015 in its determination. The claims administrator, in part, invoked non-MTUS Colorado Guidelines in its determination. The applicant attorney subsequently appealed. In a RFA form dated May 4, 2015, Norco was endorsed, along with a transfer care to a pain management specialist. Overall commentary was sparse; however, it appeared the requesting provider was seeking authorization for the applicant's continued treatment and/or transfer care elsewhere. In an associated progress note dated May 1, 2015, the applicant reported ongoing complaints of low back pain with associated radiofrequency of the right leg. The applicant was on Norco for pain relief. Ancillary complaints of fatigue and depression were reported. The applicant was diabetic, it was acknowledged. The applicant was severely obese, with a BMI of 43. Toward the bottom of the report, the attending provider stated the applicant could potentially be a candidate for interventional pain management procedures owing to the applicant's poor progression. Lumbar MRI imaging was endorsed. The applicant's work status was not explicitly stated on this occasion. The applicant was described as "disabled" and "retired" it was acknowledged in the social history section of the note. The applicant had undergone four failed ankle surgeries, it was reported. On March 25, 2015, the attending provider stated that he would

prefer for the applicant to obtain pain medication through a pain management specialist as he would not recommend further surgery here. The attending provider stated that he had previously provided the applicant with medications on a temporary basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transfer of Care to Pain Management Regarding R Ankle to Treating Physician:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 362.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: Yes, the proposed transfer of care (AKA referral) to a pain management physician was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the requesting provider, an orthopedist, seemingly suggest that he was uncomfortable continuing to treat the applicant's chronic pain complaints and/or continuing to prescribe the applicant with Norco, an opioid agent. Obtaining the added expertise of a practitioner better-equipped to address issues with medication management, namely the pain management physician in question, was, thus, indicated. Therefore, the request was medically necessary.