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| Case Number: | CM15-0105199 | | |
| Date Assigned: | 06/09/2015 | Date of Injury: | 12/02/2014 |
| Decision Date: | 07/16/2015 | UR Denial Date: | 05/20/2015 |
| Priority: | Standard | Application Received: | 06/01/2015 |

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: California, North Carolina
Certification(s)/Specialty: Family Practice

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 48 year old male, who sustained an industrial injury on 12/2/14. He reported acute onset of lower back pain following being knocked into a metal pipe fence by cows. The injured worker was diagnosed as having thoracic pain/strain. Treatment to date has included physical therapy, oral medications including Flexeril, Vicodin, and Naproxyn and activity restrictions. Currently, the injured worker complains of diffuse upper and lower back pain. He is currently working on modified duty. Physical exam noted mild palpable tenderness diffusely in lower thoracic paravertebral musculature and thoracolumbar junction and mild discomfort in the lower back region at the L3-L5 level. A request for authorization was submitted for medical doctor for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical doctor for medications (pain management evaluation): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation ACOEM, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, also chapter 7, pg 127.

Decision rationale: The request is for a pain management consultation requested by a chiropractor. ACOEM guidelines support consultations when the diagnosis is uncertain or extremely complex, psychosocial factors are present and when the plan or course of care may benefit from additional expertise. In this case, the patient saw a [REDACTED] on April 15, 2015, and was prescribed Tramadol and Flexeril for his condition. At this time, there is no medical necessity to warrant an additional medical consultation for this patient's symptoms. Therefore, the request is deemed not medically necessary or appropriate.