

Case Number:	CM15-0019094		
Date Assigned:	02/09/2015	Date of Injury:	08/03/2012
Decision Date:	04/03/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/02/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 45-year-old male who reported an injury on 08/03/2012 due to an unspecified mechanism of injury. On 11/25/2014, he presented for a follow-up evaluation. He reported lumbar spine and bilateral hip pain rated at 4/10, right knee pain rated at a 7/10, and right foot and ankle pain rated at a 7/10. He noted that his activities of daily living were decreased and that he had tried medications and chiropractic therapy. A physical examination showed increased range of motion and a positive Kemp's test. There was also tenderness to palpation bilaterally. It should be noted that the documentation was handwritten and mostly illegible. He was diagnosed with lumbar spine disc protrusion, bilateral hip sprain/strain, right knee sprain/strain status post ORIF, and right knee ankle sprain/strain. The treatment plan was for pain management consultation. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: The Official Disability Guidelines indicate that office visits should be based upon a review of the injured worker's signs and symptoms, clinical stability, and reasonable physician judgment. The documentation provided does not show that the injured worker has any significant functional deficits that would require consultation of a pain management specialist. Also, a clear rationale was not provided regarding the medical necessity of a pain management consultation. Without this information, the request would not be supported. Therefore, the request is not medically necessary.