

Case Number:	CM15-0161265		
Date Assigned:	08/28/2015	Date of Injury:	04/30/2014
Decision Date:	10/02/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/18/2015

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: Georgia, California, Texas

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 injured worker is a 61 year old male, who sustained an industrial injury on 4-30-2014. The mechanism of injury was not described. The injured worker was diagnosed as having thoracic-lumbosacral neuritis-radiculitis, unspecified. Treatment to date has included diagnostics, nerve blocks, epidural steroid injections, spinal cord stimulator, and medications. Currently (per the Initial Comprehensive Pain Management Report), the injured worker complains of neck and back pain. He reported pain radiating across the neck to the upper arms and back pain radiating into both lower extremities. He had trouble with prolonged standing, walking, and weight-bearing, partially because of pain and partially because of his lung disease. Pain was currently rated 8 out of 10 and 9 at worst. His past medical history included diabetes, hypertension, sleep apnea, vascular problems, pulmonary hypertension, and chronic obstructive pulmonary disease. It was documented that he required a multidisciplinary approach to the management of intractable pain. He was prescribed MS Contin, Norco, Ambien, Zanaflex, and Zantac. He was on disability. An orthopedic QME recommended assessment of claimant's COPD by a pulmonary specialist, but was unable to comment on the work-relatedness of this condition. The treatment plan included a course of treatment for chronic pain that would include emergency visits, noting that specifies therapies or procedures would be requested individually based on medical necessities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Requesting authorization for the course of treatment for the chronic pain patient that will include emergency visits. Specific therapies or procedures will be requested individually based on medical necessities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -Part 2 - Pain Interventions and Treatments-Functional improvement measures--Opioids, criteria for use Page(s): 6-8 and 78-81 of 127.

Decision rationale: MTUS recommends use of regular evaluations with history and physical examination to establish response to treatment and periodic office visits to monitor treatment with opioid medications. However, this request does not specify a frequency or number of office visits and indicates that request is for emergency visits. No current medical or surgical emergency is documented, and medical necessity is not established for the requested open-ended amount of care.