

Case Number:	CM15-0165115		
Date Assigned:	09/02/2015	Date of Injury:	08/15/2014
Decision Date:	10/06/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/24/2015

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: 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 47 year old male, who sustained an industrial injury on 08-14-2014 secondary to motor vehicle accident resulting in numerous upper back sprain, anxiety and strain type injuries. On provider visit dated 08-11-2015 the injured worker has reported chronic anxiety due to chronic anxiety. The injured worker was noted to have intermittent anxiety while operating his vehicle in freeway traffic and pain in the spine. The diagnoses have included mild to moderate anxiety on an intermittent basis and chronic pain syndrome. Treatment to date has included medication and psychological care. The injured worker was noted to work 4 hours a day due to pain. The provider requested MDE pain management consultation (multidisciplinary pain consult).

IMR ISSUES, DECISIONS AND RATIONALES

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

MDE pain management consultation (multidisciplinary pain consult): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs). Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127, 156 and on the Non-MTUS Official Disability Guidelines (ODG), Pain, Office Visit.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: Per the ACOEM: The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has ongoing complaints of back pain that have failed treatment by the primary treating physician. Therefore, criteria for a pain management consult have been met and the request is medically necessary.