

Case Number:	CM15-0180893		
Date Assigned:	09/22/2015	Date of Injury:	09/05/2013
Decision Date:	10/27/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/14/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 33 year old female, who sustained an industrial injury on September 05, 2013. The injured worker was treated for her right hip and low back pain. Treatment and diagnostic studies to date has included medication regimen. In a progress note dated August 17, 2015 the treating physician reports complaints of persistent pain to the right hip and low back. Examination performed on August 17, 2015 was revealing for tenderness to the right hip, tenderness to the right buttock, and a right sided limp with ambulation. On August 17, 2015 the injured worker's medication regimen included the medications of Norco and Tramadol (Ultram) with the treating physician noting that the injured worker takes the medication Norco on "occasion", but the documentation did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with the use of her medication regimen. On August 17, 2015, the treating physician requested a pain management specialist with the treating physician indicating the recommendation for the consideration of injection therapy. On August 24, 2015, the Utilization Review determined the request for consultation and treatment with pain management specialist to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation and treatment with pain management specialist: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2013. The worker has been treated with multiple modalities of pain management and medications with little subjective improvement in symptoms. A comprehensive multidisciplinary approach to pain management is indicated for patients with more complex or refractory problems. The physical exam and diagnostic studies do not support this complexity. The request for Consultation and treatment with pain management specialist is not medically necessary or substantiated in the records.