

Case Number:	CM15-0188577		
Date Assigned:	09/30/2015	Date of Injury:	01/02/2014
Decision Date:	11/16/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/24/2015

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: Texas, New York, California
 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 applicant is a represented 42-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 2, 2014. In a Utilization Review report dated August 31, 2015, the claims administrator failed to approve a request for a pain management consultation. An RFA form received on August 21, 2015 and an associated progress note dated July 6, 2015 were referenced in the determination. Non-MTUS Chapter 7 ACOEM Guidelines were invoked and, moreover, mislabeled as originating from the MTUS. The applicant's attorney subsequently appealed. On an RFA form dated July 6, 2015, a pain management consultation, an epidural steroid injection and tramadol were endorsed. On an associated progress note of the same date, July 6, 2015, the applicant reported ongoing complaints of low back pain radiating to the left foot. The applicant was on Protonix and tramadol, it was reported. The applicant was asked to pursue a pain management consultation and epidural steroid injection while returning to work. Tramadol was renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pain management consultation as an outpatient: Overturned

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

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

Decision rationale: Yes, the request for a pain management consultation is medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant had ongoing, longstanding low back pain complaints requiring analgesia at the opioid level with tramadol. Obtaining the added expertise of a pain management provider was, thus, indicated on several levels, including potentially for medication management and/or treatment formulation purposes. Therefore, the request is medically necessary.