

Case Number:	CM15-0216403		
Date Assigned:	11/06/2015	Date of Injury:	03/12/2011
Decision Date:	12/28/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/03/2015

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 39-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 12, 2011. In a Utilization Review report dated October 3, 2015, the claims administrator failed to approve a request for a pain management consultation. The claims administrator referenced a September 25, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On a handwritten note dated September 25, 2015, the applicant had multifocal complaints of knee, ankle, leg, and low back pain, 7/10. The note was very difficult to follow and not altogether legible. The applicant's permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. A pain management consultation was apparently sought while Norco, Colace, and Zofran were prescribed. The applicant was asked to pursue a knee arthroscopy procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM (American Independent Medical Examinations and Consultations, 2nd Edition, Chapter 7 (pp 127)).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Yes, the request for a pain management consultation was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the handwritten September 25, 2015 progress note seemingly suggested that the applicant's primary treating provider, an orthopedic knee surgeon, was uncomfortable and/or ill-equipped addressing issues with low back pain. The attending provider suggested that the applicant obtain the added expertise of a practitioner in another specialty, namely pain management, better equipped to address such issues. This was indicated, given the applicant's seemingly suboptimal response to earlier treatment. Therefore, the request was medically necessary.