

Case Number:	CM15-0031245		
Date Assigned:	02/24/2015	Date of Injury:	04/10/2008
Decision Date:	04/06/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/19/2015

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 [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of April 10, 2008. In a utilization review report dated January 22, 2015, the claims administrator failed to approve a request for a pain physician consultation. The claims administrator referenced a January 22, 2015, progress note in its determination. Non-MTUS Chapter 7 ACOEM Guidelines were referenced in the determination and, furthermore, mislabeled as originating from the MTUS. A December 30, 2014 progress note was also referenced, in which the applicant was described as having a variety of chronic pain and depressive symptoms. The applicant's attorney subsequently appealed. In a progress note dated December 30, 2014, the applicant was placed off of work, on total temporary disability, owing to a variety of medical and mental health issues. The applicant's medication list included Suboxone, Neurontin, Klonopin, and Restoril. The applicant was asked to obtain the added expertise of a physician specialized in chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Physician Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 1 of 127.

Decision rationale: Yes, the request for a pain physician consultation was 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 was/is off work. The applicant was using a variety of analgesic and psychotropic medications including Suboxone. Obtaining the added expertise of a practitioner specializing in chronic pain, such as a pain physician, was indicated. Therefore, the request was medically necessary.