

Case Number:	CM15-0054008		
Date Assigned:	03/27/2015	Date of Injury:	03/19/1998
Decision Date:	05/04/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/23/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 63 year old male, who sustained an industrial injury on 03/19/1998. He reported injuries to his left buttock and leg. The injured worker is currently diagnosed as having chronic pain due to injury, lumbar disc degenerative disease, lumbar failed back surgery syndrome, low back pain, and myalgia. Treatment to date has included chiropractic treatment, back fusion, spinal cord stimulator, and medications. In a progress note dated 02/24/2015, the injured worker presented with complaints of back pain. The treating physician reported that as soon as he sees the providers, more visits must be requested. According to the application, Independent Medical Review is being requested for a pain management office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management office visit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The medical necessity of the requested referral has not been sufficiently established by the documentation available for my review. The documentation does not specify what the pain management consult will address. Per the latest progress report available dated 2/24/15, it is noted that the injured worker's pain level is 10/10 and 8/10 with medications. It was indicated per the treatment plan that the injured worker is at his wits end with depression, in bed 23 hours per day. It was noted by the treating physician that his level of function did not warrant the level of opiates in the patient and an immediate taper of his Fentanyl was to be instituted. The request is not medically necessary.