

Case Number:	CM15-0055184		
Date Assigned:	03/30/2015	Date of Injury:	08/09/2008
Decision Date:	05/05/2015	UR Denial Date:	03/10/2015
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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 57 year old female, who sustained an industrial injury on August 9, 2008. The injured worker had reported a low back injury. The diagnoses have included chronic back pain, large body habitus and lumbar spondylosis. Treatment to date has included medications, radiological studies and physical therapy. Current documentation dated February 10, 2015 notes that the injured worker reported constant low back pain, which radiated to the left buttock and left lower extremity. Associated symptoms included swelling, burning, weakness, numbness and tingling. Physical examination of the lumbar spine revealed a decreased range of motion and a positive straight leg raise. The treating physician's plan of care included a request for a pain management consultation and treatment for medication control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient pain management consultation and treatment for medication control: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate; Evaluation of Chronic Pain in Adults.

Decision rationale: Many patients with chronic pain may be managed without specialty referral. Patients may require referral to a pain specialist for the following reasons: Symptoms that are debilitating, Symptoms located at multiple sites, Symptoms that do not respond to initial therapies, Escalating need for pain medication. In this case there is no documentation that the patient has symptoms that are debilitating, has symptoms at multiple sites, has failed initial therapies, or has an escalating need for pain medications. There is no indication for pain management consultation. The request is not medically necessary and should not be authorized.