

Case Number:	CM15-0055312		
Date Assigned:	03/30/2015	Date of Injury:	12/11/2009
Decision Date:	05/07/2015	UR Denial Date:	02/27/2015
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: Texas, Florida

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 68 year old male, who sustained an industrial injury on December 11, 2009. The injured worker had reported injuries to the cervical spine, lumbar spine and bilateral knees. The injured worker continued to work after the initial injury on December 11, 2009 and sustained two other separate injuries. The diagnoses have included chronic lumbar spine sprain with disc protrusions and radiculopathy, cervical spine disease with left radiculopathy, left shoulder rotator cuff irritation and impingement syndrome, residuals of left knee arthroscopy and depressive disorder. Treatment to date has included medications, radiological studies, physical therapy, psychological evaluations and left knee surgery. Documentation dated November 25, 2014 notes that the injured worker complained of continued pain in the cervical spine, lumbar spine, left shoulder and left knee. He also reported anxiety and depression. The documentation notes that the injured workers condition appeared permanent and stationary and it was reasonable that a pain management specialist or orthopedic surgeon monitor the injured workers spine, shoulder and left knee injuries. The treating physician's plan of care included a request for transfer of care to [REDACTED], pain management. The medications listed are Ultram, Neurontin, Prilosec, Buspirone, Estalopram and Naprosyn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transfer of care to pain management specialist [REDACTED] MD: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 87-89, 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patients can be referred to a specialist if the diagnosis is complex or additional expertise care is necessary for the management of the condition. The records indicate that the patient had exhausted surgical treatment options. There is significant psychosomatic symptoms associated with the chronic pain syndrome. It was noted that the patient may require life long medications and interventional pain management under the care of a pain specialist. Chronic medications management require regular clinic evaluations and compliance monitoring. The criteria for Transfer to Pain Management was met and therefore is medically necessary.