

Case Number:	CM15-0059532		
Date Assigned:	04/06/2015	Date of Injury:	12/10/2008
Decision Date:	05/05/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/30/2015

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, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 56-year-old male patient, who sustained an industrial injury on 12/10/2008. The initial occupational injury form dated 12/11/2008 reported subjective complaints of left ankle and left knee pains. He is also with complaint of gastric upset. He was taken out of work duty through 09/15/2011, when he began modified work duty. The most recent office visit dated 02/02/2015 showed a pain notification informing the patient that he will have to look for another pain management physician. Another pain management visit dated 01/08/2015 reported chief complaint of lower back pain, left knee pain and left ankle pain. He states that his most troubling symptom is the lower back pain that radiates to his lower leg. Current medications consist of: Relafen, Zyrtec, Norco 10/325mg, Gabapentin 300mg, Elavil, Norflex and Protonix. He is diagnosed with radiculopathy; abnormal posture, mild loss of lumbar lordosis; facet arthropathy; ankle strain/sprain and knee degenerative joint disease, most likely loose bodies. The plan of care involved recommending epidural steroid injections, refilling medications as needed, home exercise program, transforaminal steroid injection, and follow up visit. He did undergo magnetic resonance imaging on 01/30/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation/treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 7.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2010. The worker has been treated with multiple modalities of pain management and medications with little subjective or objective improvement in symptoms yet stable functional status. A comprehensive multidisciplinary approach to pain management is indicated for patients with more complex or refractory problems. The physical exam and radiographic findings do not support this complexity. The medical necessity of a pain management consult is not substantiated in the records. Therefore, the request is not medically necessary.