

Case Number:	CM15-0083380		
Date Assigned:	05/05/2015	Date of Injury:	12/20/2014
Decision Date:	06/04/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/30/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 26 year old male, who sustained an industrial injury on 12/20/2014. He reported injuring his mid-back while trying to catch a falling patient. Diagnoses include thoracic pain. Treatments to date include Naprosyn and Norco and physical therapy. Currently, he complained of pain in bilateral latissimus dorsi area of the back, left side greater than right. On 3/13/15, the physical examination documented tenderness to the left latissimus dorsi area, and in the right to a lesser degree. The plan of care included a consultation with pain management physiatrist and transfer of care to pain management.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 112.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for transfer of care to pain management, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient has been seen by orthopedics in addition to his primary treating physician and it does not appear that either provider has additional treatment to offer to the patient. It appears that transfer of care to pain management would be appropriate to determine whether or not any additional forms of treatment would be likely to benefit the patient. In light of the above, the currently requested transfer of care to pain management is medically necessary.