

<b>Case Number:</b>	CM14-0126051		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	01/25/2013
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 male with a date of injury of 1/25/13. The mechanism of injury occurred when he sustained an injury in a vehicular accident. He was hit from behind by another vehicle. The patient is currently on naproxen, Lidoderm patch, and Terocin Lotion. On 5/17/14 and 5/27/14 it was noted that the patient is non-compliant with home exercise program (HEP) and therefore the provider is unable to assess progress. On 5/27/14, he complained of posterior cervical, sternal, and dorsal thoracic pain and stiffness. He stated his overall pain is not improved, rated 8/10 and constant and unchanged over the past 2 weeks. On exam the lumbar and cervical active range of motion was guarded, but with moderate to full range of motion. Provider is unable to assess secondary to non-compliance with HEP and treatment plan. The diagnostic impression is neck sprain, thoracic region sprain, and concussion. Treatment to date includes physical therapy, home exercise program, medication management. A UR decision dated 7/30/14 denied the request for Pain management consultation. The request for pain management consultation was denied because there was no clear details provided as to why a pain management consultation is being requested and how this would be helpful in the overall treatment plan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Office visits ACOEM, 2nd Edition, 2004 page 127

**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) Chapter 6-Independent Medical Examinations and Consultations, pages 127, 156 Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The MTUS states that consultations are recommended, and a health practitioner may refer to other specialists 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. However, the patient was noted on 5/17/14 and again on 5/27/14 to be non-compliant with his HEP, and the provider was therefore unable to assess his progress. At this time since the patient has been non-compliant with his treatment plan it is unclear how a pain management consult would further benefit the patient. Therefore, the request for pain management consultation is not medically necessary.