

Case Number:	CM14-0161423		
Date Assigned:	10/06/2014	Date of Injury:	06/29/2006
Decision Date:	11/07/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/01/2014

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 Occupational Medicine and is licensed to practice in New York and North Carolina. 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:

This case involves a 58 year old woman who sustained an injury on 6/29/2006. Her current diagnosis includes lumbago. The treating provider is requesting referral to pain management for cervical and lumbar spine. This request was denied 9/23/14, and her providers are appealing this decision. She has been treated with physical therapy, medication, acupuncture and epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management for cervical/lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines Chapter 7 Independent Medical Evaluations and Consultations, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: The treating provider is requesting pain management consultation because the patient has ongoing thoracolumbar pain, and he is interested in non-surgical treatment options for her. She is having pain, poor sleep and stress. The MTUS Guidelines, ACOEM, note

that referrals may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery. Per the Chronic Pain guidelines of the MTUS, some predictors of success with multidisciplinary pain programs include high levels of psychosocial distress and duration of pre-referral disability time. The referral to pain management for consultation and evaluation is warranted. Therefore, this request is medically necessary.