

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0165455 | | |
| Date Assigned: | 10/09/2014 | Date of Injury: | 10/01/1996 |
| Decision Date: | 05/13/2015 | UR Denial Date: | 09/29/2014 |
| Priority: | Standard | Application Received: | 10/06/2014 |

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. 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, Texas, New Mexico
Certification(s)/Specialty: Anesthesiology

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 46 year old male who sustained an industrial injury on 02/10/98. Initial complaints and diagnoses are not available. Treatments to date include medications, psychiatric therapy, and a TENS unit. Prior diagnostic studies are not discussed. Current complaints include low back and neck pain. In a progress note dated 09/05/14 the treating provider reports the plan care to include a new TENS unit, updated MRI of the lumbar spine, additional physical therapy to the cervical spine, continue lumbosacral orthoses brace, and a pain management consultation. The requested treatment is a pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Consult with Pain Management to address Potential Interventional Pain Management treatment for the lumbar and cervical spine as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7-Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This request is for pain management consultation. According to MTUS guidelines, general multidisciplinary pain management programs require specific criteria are met. These criteria include, but are not limited to, baseline functional testing and follow up testing, documentation of previous methods of pain treatment with information regarding levels of success/improvement with treatment. This requires formulation of a treatment plan with consideration of various modalities of treatment that may be modified based on periodic review. This needs to take place prior to evaluation for a multidisciplinary pain management evaluation and program. There is no documented evidence of a clear, formulated treatment plan that has been implemented and subsequently reviewed and/or modified over time. Therefore, the above listed issue is considered NOT medically necessary.