

Case Number:	CM14-0215128		
Date Assigned:	01/02/2015	Date of Injury:	02/27/1996
Decision Date:	03/03/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/22/2014

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] studios employee who has filed a claim for chronic low back pain, postconcussion syndrome, and posttraumatic stress disorder reportedly associated with an industrial injury of February 27, 1996. In a Utilization Review Report dated November 24, 2014, the claims administrator denied a request for a consultation with pain management. Both ACOEM Guidelines and non-MTUS ODG Guidelines were invoked to deny the request. The claims administrator referenced a progress note of November 14, 2014 in its determination and noted that the applicant had had various chronic pain issues, including chronic low back pain which was purportedly severe and debilitating. The applicant was reportedly on Lortab for pain relief, it was acknowledged. The applicant's attorney subsequently appealed. In a November 14, 2014 progress note, the applicant reported persistent complaints of low back pain, reportedly severe and debilitating. The applicant was using Norvasc, AndroGel, Levoxyl, Ritalin, Pravachol, oxycodone, and Xanax. The applicant's BMI was 26. A pain management consultation and new MRI imaging were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation With Pain Management: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

Decision rationale: The proposed pain management consultation was medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant has ongoing, multifocal pain complaints. The applicant's pain was reportedly severe and debilitating, as suggested on November 14, 2014, despite ongoing opioid consumption. Obtaining the added expertise of a physician specializing in chronic pain, thus, is appropriate here. Therefore, the request for Consultation With Pain Management is medically necessary.