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| Case Number: | CM14-0216800 | | |
| Date Assigned: | 01/06/2015 | Date of Injury: | 02/14/2007 |
| Decision Date: | 05/29/2015 | UR Denial Date: | 12/08/2014 |
| Priority: | Standard | Application Received: | 12/26/2014 |

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, New York, 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] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of February 14, 2007. In a Utilization Review Report dated December 12, 2014, the claims administrator approved requests for Norco, Neurontin, and a urine drug screen while denying a consultation with a pain management physician. The claims administrator stated that its decision was based on an RFA form received on November 26, 2014. The applicant's attorney subsequently appealed. In a September 5, 2014 progress note, the applicant reported persistent complaints of low back pain. CT scan of the lumbar spine was endorsed, along with Keratek analgesic gel. The applicant was placed off of work, on total temporary disability. The applicant was status post earlier lumbar spine surgery. The applicant reported severe complaints of pain in the 8/10 range, despite ongoing usage of Norco and Neurontin. The applicant apparently had issues with lumbar pseudoarthrosis. On August 20, 2014, the applicant was, once again, placed off of work, on total temporary disability; owing to owing complaints of 7/10 low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with pain management doctor: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127 and Official Disability Guidelines, Low Back Chapter.

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

Decision rationale: As noted on page 1 the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent pain complaints, which prove recalcitrant to conservative management, should lead the primary treating provider to reconsider the operating diagnosis and whether a specialist evaluation is necessary. Here, the applicant is off of work. Earlier treatments, including opioid therapy with Norco, adjuvant medications such as Neurontin, earlier spine surgery, etc., have apparently proven ineffectual as the applicant continues to report severe pain complaints. Obtaining the added expertise of a physician specializing in chronic pain, namely a pain management consultant, was, thus, indicated. Therefore, the request was medically necessary.