

Case Number:	CM15-0011950		
Date Assigned:	01/29/2015	Date of Injury:	09/21/2012
Decision Date:	03/30/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/21/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 53 year old female injured worker suffered an industrial injury on 9/21/2012. The diagnoses were displacement of intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis, degenerative of lumbar or lumbosacral lumbago and sacroiliitis. The diagnostics were x-rays. The treatments were medications and physical therapy. The treating provider reported bilateral knee pain, complaints low back pain radiating to legs and feet, difficulty with stairs. The Utilization Review Determination on 12/29/2014 non-certified pain management referral, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management referral 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 Practive Guidelines, 2nd edition (2004), Chapter 7, California code of regulations

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate; Evaluation of Chronic Pain in Adults

Decision rationale: Many patients with chronic pain may be managed without specialty referral. Patients may require referral to a pain specialist for the following reasons: Symptoms that are debilitating Symptoms located at multiple sites Symptoms that do not respond to initial therapies Escalating need for pain medication. In this case documentation in the medical record indicates that she is improving with therapy. There is no documentation that need for pain medicine is escalating or that symptoms are debilitating. There is no indication for pain management referral. The request should not be authorized.