

Case Number:	CM15-0018412		
Date Assigned:	02/06/2015	Date of Injury:	11/28/2012
Decision Date:	04/14/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/30/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 47-year-old female sustained an industrial injury on 11/28/12. She subsequently reports left foot, bilateral hand, jaw, neck, upper and lower back pain as well as headaches. Diagnoses include wrist sprain, cervical sprain and cervical disc herniation. On 12/30/14, Utilization Review non-certified a request for Pain Management Consultation. Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment were cited to deny the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pain Management Consultation between 11/11/2014 and 2/20/2015: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg. 65.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: MTUS/ACOEM practice guidelines state "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Review of the available medical records does document chronic pain issues concerning the hands, neck, as well as upper and lower back and headaches. The UR physician provided as their rationale for denial that there is no documentation that the injured employee has failed to improve with other conservative methods. I respectfully disagree with this assertion as the IW has stated that Norco with 5mg of hydrocodone is insufficient, and the selection of appropriate conservative care modalities would be addressed by a pain medicine consultation. Also, the use of Colorado guidelines for the rationale is inappropriate as ACOEM comments on this. The request is medically necessary.