Case Number:	CM15-0148095		
Date Assigned:	08/11/2015	Date of Injury:	03/10/2001
Decision Date:	10/02/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/30/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66-year-old male, who sustained an industrial injury on 3-10-01. The injured worker was diagnosed as having abdominal wall ventral hernia versus diastasis recti and diabetic peripheral neuropathy. Treatment to date has included medication. Physical examination findings on 6-25-15 included no abdominal guarding or rebound and no change in the size of the abdominal hernia versus diastasis recti. The abdomen was soft with positive bowel sounds. Currently, the injured worker complains of epigastric abdominal pain. The treating physician requested authorization for a pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9. Decision based on Non-MTUS Citation ACOEM Chapter 7 page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The current request is for a Pain management consultation. The RFA is dated 07/09/15. Treatment to date has included medications. The patient's work status is deferred to the PTP. American College of Occupational and Environmental Medicine, chapter 7, page 127 state that 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. According to progress report 06/25/15, the patient presents for a follow up for his epistatic abdominal pain from a lifting injury from 2001. The patient also suffers from peripheral nerve pain. The patient was diagnosed as having abdominal wall ventral hernia versus diastasis recti and diabetic peripheral neuropathy. His current medications include Tramadol and lidocaine patches. Report 01/15/15 states "I am leaving the practice, I am going to refer him to his primary treating physician so he can be referred to another pain management provider." A request was made for a pain management consultation. A Pain management consultation with a new doctor at this juncture is reasonable and supported by ACOEM. This request is medically necessary.