

Case Number:	CM15-0170762		
Date Assigned:	09/11/2015	Date of Injury:	02/27/2013
Decision Date:	10/15/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/31/2015

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: 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 58-year-old who has filed a claim for chronic shoulder, hand, and low back pain reportedly associated with an industrial injury of February 27, 2013. In a Utilization Review report dated July 29, 2015, the claims administrator failed to approve a request for a pain management consultation for medication management purposes. The claims administrator referenced an RFA form received on July 23, 2015 in its determination. An associated July 17, 2015 progress note was also cited. Non-MTUS Chapter 7 ACOEM Guidelines were invoked in the determination. The applicant's attorney subsequently appealed. On August 18, 2015, the applicant underwent an open carpal tunnel release surgery. On July 17, 2015, the applicant reported multifocal complaints of shoulder, hand, wrist, upper extremity, low back, and abdominal wall pain, 8/10. The applicant had concomitant psychiatric issues, it was acknowledged. The applicant was on Lodine and Prilosec, it was reported. A rather proscriptive 10-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitation in place, although this was not explicitly stated. On June 10, 2015, the applicant was described as using Norco for multifocal pain complaints. The same, unchanged 10-pound lifting limitation was renewed on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation For Medication Management With [REDACTED] :
 Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Independent Medical Examination and Consultations, Page #127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Yes, the proposed pain management consultation for medication management purposes 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 to determine whether a specialist evaluation is necessary. Here, the applicant had ongoing multifocal pain complaints in the 8/10 range, it was reported on July 17, 2015. It did not appear that the applicant was working as of that point in time. Obtaining the added expertise of a pain management physician for medication management purposes was, thus, indicated. Therefore, the request was medically necessary.