MAXIMUS Federal Services

Case Number:	CM15-0064331		
Date Assigned:	04/10/2015	Date of Injury:	04/25/2007
Decision Date:	05/27/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	04/06/2015

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: Montana
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 injured worker is a 44 year old male welder who sustained an industrial injury to the low back and right shoulder on 4/25/2007. His diagnoses, and/or impressions, include: lumbar sprain/strain; disorders of bursae and tendons in the shoulder region; lumbago, status-post lumbar fusion; psychological and psychiatric issues; Orchitis and epididymitis; decreased libido; psychosexual disorder; various internal issues/disorders; right lower quadrant abdominal pain; and right testicular pain. No current magnetic resonance imaging studies are noted. His treatments have included hot/cold therapy and medication management. The progress notes of 1/12/2015, noted complaints of constant moderate-severe, radiating right shoulder pain; constant moderate, radiating left-sided neck pain; constant, severe, radiating left-sided low back pain; constant, severe testicle pain, burning and stabbing in nature; and constant, severe right-sided stomach pain, stabbing and sharp in nature. Also noted is difficulty falling asleep secondary to pain, and depression with anxiety from pain and loss of work. The physician's requests for treatments included an internal medicine referral for abdominal and testicular pain, and to continue pain management treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for internal medicine treatment for abdominal and testicular pain: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: The MTUS American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines for Independent Medical Examinations and Consultations, recommends referral to another practitioner or specialist when the patient might benefit from additional expertise. The ACOEM guidelines note that the 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. The consultation service is 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. A consultant is usually asked to act and an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case, the medical records note that the internal medicine consultation was requested for evaluation of abdominal and testicular pain. These conditions apparently are not within the scope of practice for the primary treating physician and the patient might benefit from additional expertise. The internal medicine consultation/referral for the abdominal and testicular pain conditions is consistent with the ACOEM guidelines and is medically necessary.

Continue pain management treatment: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Use of Multidisciplinary Pain Management Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: The ACOEM guidelines note that the primary treating physician may refer to other specialists if a diagnosis is uncertain or extremely complex, and psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The MTUS guidelines document criteria for multidisciplinary pain programs, pain clinics including interventional treatment, early intervention programs, and functional restoration programs. Chronic pain management is recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. The request for continued pain management treatment is requested for medical management. The medical records document inadequate pain control with Tramadol. With chronic pain requiring opioid medications, continued treatment by a pain specialist is reasonable and consistent with the MTUS guidelines. The request for continued pain management treatment is medically necessary.