

Case Number:	CM15-0066260		
Date Assigned:	04/14/2015	Date of Injury:	02/11/2011
Decision Date:	05/13/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/07/2015

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 38-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 11, 2011. In a utilization review report dated March 19, 2015, the claims administrator failed to approve a request for a 'chronic pain management treatment for medication with pain specialist, right knee.' Non-MTUS Chapter 7 ACOEM Guidelines were invoked in the determination. A progress note dated March 10, 2015 and an associated RFA form March 11, 2015 were also referenced. The claims administrator, thus, interpreted the somewhat ambiguously worded request as a pain management referral, it appeared. The applicant's attorney subsequently appealed. In a progress note dated March 10, 2015, the applicant reported ongoing complaints of low back, knee, and leg pain. Ativan, Norco, Flexeril, and Prilosec were endorsed. The requesting provider, an orthopedic surgeon, stated that he wished for the applicant to transfer care to a pain management specialist for medication management purposes. The applicant was returned to regular-duty work on trial basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chronic pain management treatment for medication with pain specialist, right knee:
 Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - Occupational Medicine Practice Guidelines, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: Yes, the proposed pain management referral for medication management purposes with a pain specialist is medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, referral may be appropriate when a practitioner is uncomfortable with treating or addressing a particular cause of delayed recovery. Here, the applicant's treating provider, an orthopedist, stated that the applicant would be better-served obtaining analgesic medications from a pain management specialist. The applicant was, in fact, using a variety of analgesic and anxiolytic medications, including Ativan, tramadol, Norco, Flexeril, Prilosec, etc. Obtaining the added expertise of a pain management specialist would have been beneficial for medication management purposes. Therefore, the request is medically necessary.