

Case Number:	CM15-0074691		
Date Assigned:	04/24/2015	Date of Injury:	09/27/2010
Decision Date:	05/27/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/20/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 64 year old female injured worker suffered an industrial injury on 09/27/2010. The diagnoses included major depressive disorder, pain disorder and post-traumatic stress disorder. The injured worker had been treated with medications and TENS unit. On 2/11/2015, the treating provider reported pain in the neck, right shoulder, left knee and low back with bilateral radiculopathy rated as 7/10. The treatment plan included Pain medicine evaluation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain medicine evaluation and treatment: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 127.

Decision rationale: This claimant has a complex treatment history due to multiple assaults in her career as a worker in a county psychiatric facility. The assaults have resulted in both PTSD and

various somatic complaints. Her psychiatrist recently retired and a request is made for pain management evaluation and treatment. The MTUS states that consultations are designed to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or examinee's fitness to return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case, the complex nature of the patient's complaints justify evaluation and treatment by a pain management specialist and is medically necessary.