

Case Number:	CM15-0075674		
Date Assigned:	04/27/2015	Date of Injury:	10/09/2014
Decision Date:	05/22/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/21/2015

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: 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 injured worker is a 55 year old female, who sustained an industrial/work injury on 10/9/14. She reported initial complaints of pain to head, low back, right knee, and right ankle. The injured worker was diagnosed as having right back pain and right ankle pain. Treatment to date has included medication and physical therapy. Currently, the injured worker complains of right sided back pain and ankle pain that is rated 5/10 and comes and goes. Per the primary physician's progress report (PR-2) on 2/4/15, examination revealed normal neurological findings, normal gait, tenderness over the lumbar region and around the S1 joint, decreased range of motion and increased pain with flexion of hip, full range of motion to the right ankle with tenderness over the lateral malleolus. The requested treatments include prescription drug monitoring time 1 (consultation).

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription Drug Monitoring time 1 (consultation): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: Per the ACOEM :The health practitioner may refer to other specialist 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 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The provided clinical documentation fails to show the need for the requested consult based on review of the clinical notes. Therefore, the request is not certified.