

Case Number:	CM15-0078848		
Date Assigned:	04/30/2015	Date of Injury:	10/25/2013
Decision Date:	06/02/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/24/2015

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 injured worker is a 43 year old male, who sustained an industrial injury on 10/25/2013. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar sprain/strain. Bilateral lower extremities electromyography (EMG) was within normal limits. Treatment to date has included exercise, lumbar epidural steroid injection and medication management. In a progress note dated 3/25/2015, the injured worker complains of intermittent lumbosacral pain. The treating physician is requesting a pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 30-33.

Decision rationale: The request is for referral to a pain management specialist. In this case, the documentation fails to provide the rationale for the request. The records do not document

baseline functional testing nor a complete and adequate pain assessment. The criteria for entry into a chronic pain program have not been met, therefore the request cannot be deemed medically necessary at this time.