

Case Number:	CM15-0099918		
Date Assigned:	06/02/2015	Date of Injury:	02/01/2013
Decision Date:	07/08/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/22/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41 year old male who sustained an industrial injury on 2/1/13. The injured worker was diagnosed as having low back pain and intervertebral disc protrusion. Currently, the injured worker was with complaints of back pain. Previous treatments included physical therapy, psychotherapy, medication management, chiropractic treatments, elastic back support and a steroid injection. Previous diagnostic studies included radiographic studies and a magnetic resonance imaging. The plan of care was for pain management consultations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultations on a monthly basis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Consultation Page 127.

Decision rationale: ACOEM recommends consultation if another physician can be of help in managing a patient's medical condition. While it may be helpful for a consultant to assist with recommendations for managing pain, it is not possible to determine in advance if or why

multiple pain management consultations would be indicated nor particularly to know indefinitely that monthly consultations will be needed. Thus it may be helpful to resubmit this request with more clarity and specificity. At this time the request is not medically necessary.