MAXIMUS Federal Services

Case Number:	CM13-0029150		
Date Assigned:	04/25/2014	Date of Injury:	12/06/1975
Decision Date:	07/07/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/26/2013

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 59-year-old man who sustained a work-related injury on December 6, 1975. Subsequently, he developed chronic back pain and bilateral lower extremities pain. According to a note dated on July 24, 2013, the patient was complaining of chronic back pain radiating to both lower extremities, numbness, tingling and weakness. His physical examination demonstrated the lumbar tenderness and spasms with reduced range of motion, positive straight leg raising bilaterally, positive Kemp's testing bilaterally and decreased motor strength and sensation in the left L4 dermatomal, and reduce deep tendon reflexes bilaterally in both lower extremities. The patient electrodiagnostic testing demonstrated chronic bilateral L5-S1 radiculopathy. The patient was diagnosed with lumbar radiculopathy, peripheral neuropathy and failed back surgery. The patient was also diagnosed with lung cancer with metastasis to his bones. The provider requested authorization for lumbar spine surgical consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION WITH SPECIALIST BETWEEN 7/24/2013 AND 10/26/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288 AND 305.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS, EARLY INTERVENTION Page(s): 32-33. Decision based on

Non-MTUS Citation GUIDELINES ASSESSING RED FLAGS AND INDICATION FOR IMMEDIATE REFERRAL, PAGE 171.

Decision rationale: According to Chronic Pain Guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluationwith a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of the guidelines, it is indicated that "Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach:(a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003) ." There is documentation of an active lumbar issue. There is no documentation of severe disabling back pain that is consistent with the patient imaging study and activity limitation from radicular symptoms. The patient has a history of L2-S1 lumbar and lumbosacral fusion and is clinical symptoms are inconsistent with active post lumbar fusion syndrome. Although the patient developed symptoms in his lower extremities, there is no clear documentation that the symptoms are related to his back condition and not to his metastatic cancer. Furthermore, there is no documentation that the symptoms are disabling. Therefore, the request for a lumbar spine surgical consultation is not medically necessary.