

<b>Case Number:</b>	CM13-0039697		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/06/2013
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 56-year-old man who sustained a work-related injury on May 6, 2013. subsequently he developed but low back pain and leg pain. The patient underwent the right L4-L5 transforaminal epidural injection on August 28, 2013. The patient was treated with a medications, physical therapy, bracing and epidural injection. His physical examination demonstrated lumbar tenderness with reduced range of motion. His lumbar MRI performed on June 14, 2013 demonstrated disc extrusion at L4-L5 with significant foraminal stenosis. The patient was diagnosed with the lumbar radiculopathy, neck pain and right leg pain. The provider requested authorization for internal medicine consultation for GI issues.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INTERNAL MEDICINE CONSULTATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention; Guidelines Assessing Red Flags and Indication for Im.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, there no documentation supporting the

medical necessity for a pain management evaluation with 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 MTUS guidelines stated:

"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 no documentation that the patient developed GI symptoms or condition that requires a GI evaluation. Therefore, the requested internal medicine consultation is not medically necessary and appropriate.