

Case Number:	CM13-0052300		
Date Assigned:	12/27/2013	Date of Injury:	11/29/2006
Decision Date:	05/21/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/15/2013

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 New Jersey. 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 55 year old woman who sustained a work-related injury on November 29, 2006. Subsequently, she developed chronic pain syndrome. According to a note dated on September 23, 2013, the patient has episodes of imbalance with possible vertigo. Her gait was intact with a positive Romberg. She has horizontal nystagmus on lateral gaze. Her provider requested authorization for a referral to a [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS CHAPTER..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): ASSESSING RED FLAGS AND INDICATION FOR IMMEDIATE REFERRAL, PAGE 171, Chronic Pain Treatment Guidelines SECTION ON CHRONIC PAIN PROGRAMS, EARLY INTERVENTION, Page(s): 32-33.

Decision rationale: According to MTUS 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 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 has signs suggestive of specific vestibular disorder. Romberg sign can occur with proprioception dysfunction. The requesting physician should provide documentation supporting the medical necessity for this evaluation. The documentation should include the reasons, the specific goals and end point for a referral to a balance institute. Therefore, the request for [REDACTED] referral is not medically necessary.