

Case Number:	CM13-0057241		
Date Assigned:	12/30/2013	Date of Injury:	07/02/2012
Decision Date:	04/09/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 sustained a work-related injury on July 2, 2012. Subsequently he developed chronic back pain and sciatica as well as a muscle spasm. The patient MRI of the lumbar spine performed on August 25, 2012 that demonstrated L3-L4 spondylosis. According to the note of November 4 2013, and the patient was complaining to her lumbar pain with a severity 7-8/10 radiating to the left lower extremity. His significant examination showed that the patient was depressive, reduced range of motion of the lumbar spine with paraspinal pain. The patient was reported to have some relief with the chiropractic therapy. The provider requested authorization for a psychological consult and TENS patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological consult one time: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychology Referral.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pain programs, early intervention Page(s): 32-33. Decision based on Non-MTUS Citation Guidelines Assessing Red Flags and Indication for Immediate Referral, page(s) 171

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 documentation that the patient has depression except for a flat affect during the last consultation. There is no documentation for the reason, the specific goals and end point for using the expertise of a specialist in psychology. There is no rationale for this consultation. There is a need for more documentation to support this request. Therefore the request for Psychological consult one time is not medically necessary.

Patches for TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

Decision rationale: There is no documentation that the patient is using TENS. In addition a previous review and request for TENS unit was denied. Therefore, the request for Patches for TENS unit is not medically necessary.