

Case Number:	CM13-0058981		
Date Assigned:	12/30/2013	Date of Injury:	07/07/2013
Decision Date:	04/03/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/27/2013

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 is a 45 year old man who sustained a work related injury on September 1 2012. Subsequently, he developed chronic neck pain. According to August 14 2013, the patient continued to have a chronic neck and back pain as well as right hip pain. His physical examination demonstrated cervical and lumbar tenderness with reduced range of motion. The patient was treated with pain medications and epidural injection. The provider requested authorization for evaluation and multidisciplinary evaluation [REDACTED] program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation and multidisciplinary evaluation [REDACTED] program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 32-33, 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." In this case, there is documentation that the patient response to physical therapy is outside the established norms for recovery from the work related neck injury. Furthermore, the provider reported did not document lack of pain and functional improvement that require referral to a multidisciplinary program. There is no clear evidence that the patient requires functional restoration program. The requesting physician did not provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation did not include the reasons, the specific goals and end point for using the expertise of a specialist. Therefore the request evaluation and multidisciplinary evaluation [REDACTED] program is not medically necessary.