

Case Number:	CM14-0156295		
Date Assigned:	09/25/2014	Date of Injury:	10/16/2013
Decision Date:	10/31/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/24/2014

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 66-year-old man who sustained a work-related injury on October 16, 2013. Subsequently, he developed neck and back pain. MRI of the cervical spine dated December 8, 2013 showed a 2.2 mm posterior disc bulge at C3-4, a 2.3 mm posterior disc bulge at C4-5 with a 3.3 mm left posterolateral protruding discal component giving rise to left from an old stenosis. MRI of the lumbar spine performed December 8, 2013 showed a 3.6 mm posterior disc protrusion at L5-S1 with disc desiccation, a previous posterior fusion L4-5, and a 5.3 mm posterior disc protrusion at L3-4 with the right criminal stenosis in right facet joint fusion. According to the progress note dated August 1, 2014, the patient complained of ongoing pain over his neck, which radiates to his upper back. The patient described the pain as being constant in terms of frequency. The patient also complained of continued pain over his bilateral shoulders. He described the pain as being constant. He feels ongoing pain over his low back, which radiates to his bilateral hips to his bilateral knees down to his bilateral ankles/feet and all the toes of his bilateral feet. Examination of the cervical spine revealed tenderness to palpation over the left trapezius with reduced range of motion. . The patient ambulated with antalgic gait. There is bilateral hamstring tightness. Sensory examination revealed decreased sensation to light touch over the bilateral buttocks. The patient was diagnosed with cervical spine herniated discs at C4-5 and C6-7, cervical spine radiculopathy left side, cervical spine sprain/strain with underlying degenerative disc disease, left shoulder sprain/strain, and lumbar spine degenerative disc disease and stenosis, and possible sleep disorder. The patient has been authorized 6 session course of physical therapy to the cervical spine, bilateral shoulders, and lumbar spine. In a follow-up report dated September 12, 2014, the patient reported decreased pain and benefit with physical therapy (he completed 4 sessions out of 6). The provider requested authorization for pain management specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management specialist for medications and possible injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7

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

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 discernible indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003) >. There is no clear documentation that the patient needs a pain management evaluation as per MTUS criteria. There is no clear documentation that the patient had delayed recovery and a response to medications that falls outside the established norm. The provider did not document the specific goals and end point for using the expertise of a specialist. Therefore, the request for Pain Management specialist is not medically necessary.