

Case Number:	CM14-0031382		
Date Assigned:	04/21/2014	Date of Injury:	07/01/2010
Decision Date:	05/27/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/03/2014

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 Anesthesia, has a subspecialty in Acupuncture and Pain 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 49 year old female injured worker who injured her lumbar spine, bilateral shoulders, elbows, and wrists on 7/1/10. She has ongoing low back pain, with positive straight leg raise test and decreased lumbar spine range of motion. She has had bilateral shoulder, carpal tunnel release, and elbow surgeries. An MRI of the lumbar spine showed a 2.1mm disc at L4-L5 narrowing the neural foramen. She has been treated with epidural steroid injections, physical therapy, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERNAL MEDICINE CONSULT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or

when, a plan or course of care may benefit from additional expertise. The medical necessity of the requested referral has not been sufficiently established by the documentation available for my review. The documentation does not specify what the internal medicine consult will address. As such, the request is not medically necessary.

PAIN MANAGEMENT CONSULT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The UR physician asserted that the claimant has not met criteria for additional pain management consults, as there was no medical rationale for additional Epidural Steroid Injection (ESI) injections. The scope of practice for pain management physicians extends beyond simply ESI's, and the assertion that a detailed rationale for the pain consultation or what condition the consultation is to address is necessary for workers with refractory pain is not sound. As such, the request is medically necessary.

EMG OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: Per MTUS/ACOEM page 182, with regard to the detection of neurologic abnormalities, EMG is not recommended for the diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent. The documentation submitted for review includes no red flag signs related to the bilateral lower extremities. The injured worker has no signs of peripheral nerve entrapment as no peripheral neuropathy testing was documented. It was not specified why this request was made. As such, the request is not medically necessary.

NCV OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: Per MTUS/ACOEM page 182, with regard to the detection of neurologic abnormalities, NCV is not recommended for the diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent. The documentation submitted for review includes no red flag signs related to the bilateral lower extremities. The injured worker has no signs of peripheral nerve entrapment as no peripheral neuropathy testing was documented. It was not specified why this request was made. As such, the request is not medically necessary.