

<b>Case Number:</b>	CM14-0020457		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	04/12/2010
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 injured worker is a 73-year-old man who sustained a work-related injury on April 12, 2010. Subsequently the patient developed with chronic right foot pain. The patient underwent an MRI of the right foot on October 28, 2010 which demonstrated a healing fracture of the first metatarsal shaft, mild marrow edema and osteoarthritis of the first metatarsophalangeal joint. According to the note dated on November 11, 2013, the patient physical examination demonstrated tenderness of the lumbar spine with reduced range of motion, negative bilateral straight leg raising, no focal neurologic findings, left knee tenderness and preservation of knee and ankle range of motion bilaterally. The patient was diagnosed with the right foot metatarsalgia, left knee pain, lumbar spine pain and sleep dysfunction. Her provider requested authorization for internal medicine evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-Up Internal Evaluation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 discernible indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003) >. In this case, there is no clear documentation for the rational for the request of internal medicine evaluation. The patient was diagnosed with right foot pain. The provider did not identify red flags tha may indicate the need for specialty consultation. The requesting physician did not provide a documentation supporting the medical necessity for a internal medicine evaluation. Chronic pain syndrome requires pain management evaluation and not an internal medicine evaluation. The provider documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the request for follow-up internal evaluation is not medically necessary.