MAXIMUS Federal Services

Case Number:	CM15-0104769		
Date Assigned:	06/09/2015	Date of Injury:	01/13/1995
Decision Date:	07/10/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	06/01/2015

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, Alabama, 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 57 year old male, who sustained an industrial injury on January 13, 1995, incurring low back and right shoulder injuries. He underwent a discectomy and fusion in 1996, and a benign cyst removal of his back in 1998. He was diagnosed with lumbar disc disease and lumbar spinal stenosis and facet arthropathy, and right carpal tunnel syndrome. In 2007, he underwent shoulder arthroscopy and debridement. Treatment included anti-inflammatory drugs, pain medications, topical analgesic patches, neuropathic medications, antidepressants and muscle relaxants. Electromyography performed revealed neuropathy of the right ulnar nerve which was consistent with right cubital tunnel syndrome. Currently, the injured worker complained of ongoing low back and right shoulder pain radiating down the arm with numbness into the hand and recurrence of the cyst on his lower back. Magnetic Resonance Imaging of the shoulder performed on March 10, 2015, revealed status post labral repair with no evidence of a re-tear. The treatment plan that was requested for authorization included a consultation with Dermatology physician for a recurrent cyst of the lower back and a consultation with a hand surgeon for possible carpal tunnel syndrome, right elbow as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Dermatology physician for recurrent cyst, Lower Back, Qty 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 12-2.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessing Red Flags and Indication for Immediate Referral, Chronic pain programs, early intervention Page(s): 171, 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)". The palpable cyst at the lower left portion of the back does not appear to be related to an underlying radicular disease. Therefore, the request for consultation with dermatology physician for recurrent cyst, lower back, is not medically necessary.

Consultation with Hand surgeon for possible cubital tunnel syndrome, Right Elbow, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): table 10-2.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessing Red Flags and Indication for Immediate Referral, Chronic pain programs, early intervention Page(s): 171, 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 documentation indicating the relevance between the cubital tunnel syndrome and the industrial injury of 1995. Therefore, the request for consultation with hand surgeon for possible cubital tunnel syndrome, right elbow is not medically necessary.