

Case Number:	CM15-0107235		
Date Assigned:	06/11/2015	Date of Injury:	10/29/2009
Decision Date:	07/28/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/03/2015

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 (IW) is a 41 year old male who sustained an industrial injury on 10/29/2009. He reported injury to his neck and back. The injured worker was diagnosed as having degeneration of disc, lumbar; spinal stenosis lumbar; spondylolisthesis; displacement of disc, lumbar; and sciatica unspecified site. Treatment to date has included an anterior lumbar discectomy and fusion (08/09/2010), and a cervical fusion (03/28/3011) with a repeat low back surgery November 2013, and a repeat surgery to the cervical spine with hardware removal C5-6 with refusion (02/09/2015). Currently, the injured worker complains of pain in the neck and low back area. On examination he had tenderness and spasm through the paracervical and paralumbar regions. Active voluntary range of motion of the cervical spine was guarded and the worker complains of pain at the extremes of motion. Motor exam was normal in all major muscle groups of the upper extremities and sensation was normal. There was full non-painful voluntary range of motion in all major joints of the upper extremities. Straight leg raising test and femoral stretch tests were negative. Motor exam was normal in the lower extremities. The worker has depression, and although the Cymbalta is reported to be helpful, a referral to a psychologist and a psychiatrist is requested, and a urology evaluation is requested. Current medications include Norco, Lexapro, and Prilosec. A request for authorization is made for the following: Consultation with Urology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Urology: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

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)." There is no documentation of history, physical examination and ancillary testing characterizing the patient urine and stool incontinence. The provider did not document the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the request for urology consultation is not medically necessary.