MAXIMUS Federal Services

Case Number:	CM15-0160084		
Date Assigned:	08/26/2015	Date of Injury:	10/09/2012
Decision Date:	10/15/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/17/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old female, who sustained an industrial injury on October 9, 2012, resulting in pain or injury to the right hand, right upper cheek, back, left leg, toes, knees, neck, shoulders, and arms. A review of the medical records indicates that the injured worker is undergoing treatment for herniated nucleus pulposus (HNP) L5-S1 with stenosis and L5 nerve root impingement and lumbar spine with radiculopathy. On July 31, 2015, the injured worker reported increasing tingling and numbness of the bilateral hands. The Primary Treating Physician's report dated July 31, 2015, noted the injured worker with numbness and tingling of the bilateral hands with tenderness to palpation in the cervical spine and limited range of motion (ROM) with pain. The injured worker was noted to have been given Voltaren gel, with agreement to go see a second opinion for pain management as she was at pain management early and had to wait too long to see the physician. Prior treatments have included several sessions of physical therapy with improvement in the injured worker's condition, chiropractic treatments, water therapy, work hardening, and medication. The injured worker was noted to be able to return to sedentary modified work on July 31, 2015. An electromyography (EMG)/nerve conduction study (NCS) of the bilateral lower extremities performed November 15, 2012, was noted to show mild, acute chronic L5-S1 radiculopathy on the left. The request for authorization dated July 31, 2015, requested a pain management second opinion. The Utilization Review (UR) dated August 10, 2015, noted the request for a pain management second opinion with [redacted] is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management second opinion: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: The current request is for Pain management second opinion. The RFA is dated 07/31/15. Prior treatments have included several sessions of physical therapy, chiropractic treatments, water therapy, work hardening program, and medications. The patient may return to modified duty. MTUS/ACOEM, Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Per report 07/31/15, the patient presents with increasing numbness and tingling of the bilateral hands with tenderness to palpation in the cervical spine and limited range of motion (ROM). Current medications include Flexeril, Motrin and Tylenol #3. The patient reported that she had to wait too long to see the previously recommended pain management specialist and would like to see another pain specialist. It appears the patient's symptoms are persistent and there is an increase in numbness and tingling, a second pain management consult appears reasonable in this case. ACOEM guidelines indicate that such consultations are supported by guidelines at the care provider's discretion, and could produce benefits for this patient. Therefore, the request is medically necessary.