

Case Number:	CM15-0200494		
Date Assigned:	10/15/2015	Date of Injury:	02/25/2008
Decision Date:	11/24/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/13/2015

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: Preventive Medicine, Occupational 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:

This 42 year old man sustained an industrial injury on 2-25-2008. Diagnoses include bilateral impingement syndrome, left cervical facet tears, focal entrapment neuropathy of the bilateral upper extremities, bilateral carpal tunnel syndrome with surgical repair, cervical spine surgery, and left shoulder surgery. Treatment has included oral medications and epidural steroid injection. Physician notes dated 9-8-2015 show complaints of cervical spine pain rated 5 out of 10, bilateral shoulder pain rated 3 out of 10, groin pain rated 1 out of 10 with flank abdominal pain, back stiffness, and right leg numbness. The physical examination shows tenderness to the paraspinal muscles of the cervical spine with muscle spasms radiating to the bilateral shoulders and spine and causing headaches. Positive impingement signs are noted at the right shoulder. Right side chest tenderness is noted with palpation of the third and fourth ribs. Bilateral patellar and achilles reflexes are noted to be 1 out of 4, decreased sensation is noted to the L4 dermatome bilaterally. There is also pain on palpation to the L3-S1 facet capsules and increased myofascial pain. Recommendations include pain management specialist consultation and continue current medication regimen including Norco, Cymbalta, and begin Horizant. Utilization Review denied a request for pain management consultation on 9-11-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a pain management specialist (lumbar spine): Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: MTUS Guidelines allow a wide leeway for specialty referrals if the primary treating physician feels the problem may be out of their expertise or additional treatment may be necessary. If the specialist requests additional tests, treatment or procedures these requests can be evaluated per Guideline standards, but the medical request for another opinion is consistent with Guidelines. It is not readily apparent how this may benefit this individual, but the evaluation is consistent with Guidelines. Consultation with a pain management specialist (lumbar spine) is medically necessary.