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| Case Number: | CM15-0025009 | | |
| Date Assigned: | 02/24/2015 | Date of Injury: | 10/19/2005 |
| Decision Date: | 04/02/2015 | UR Denial Date: | 02/06/2015 |
| Priority: | Standard | Application Received: | 02/10/2015 |

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: Emergency 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 38 year old male injured worker suffered and industrial injury on 10/19/2005. The diagnoses were chronic low back pain, radiculopathy, and erectile dysfunction. The diagnostic studies were magnetic resonance imaging of the lumbar spine and diagnostic blocks. The treatments were radiofrequency lesioning and medications. The treating provider reported to have continued low back pain and tingling in the bilateral feet. The Utilization Review Determination on 2/6/2015 non-certified: 1. Endocrinology consultation, MTUS, ACOEM. 2. Amitriptyline 25mg #30, MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Endocrinology consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Chronic Pain, page 1, Part 1, Introduction Page(s): 1.

Decision rationale: The requested Endocrinology consultation is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Assessing red flags and indications for immediate referral, recommend specialist consultation with "physical exam evidence of severe neurologic compromised that correlates with the medical history and test results"; and California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has continued low back pain and tingling in the bilateral feet. The treating physician has documented chronic low back pain, radiculopathy, and erectile dysfunction. The request for consult was for urogenic conditions, which the treating physician does not adequately document. The criteria noted above not having been met, Endocrinology consultation is not medically necessary.

Amitriptyline 25mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain Page(s): 13-15.

Decision rationale: The requested Amitriptyline 25mg #30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, pages 13-15, recommend tricyclic antidepressants as a first-line agent for the treatment of chronic pain, neuropathic pain and depression, "unless they are ineffective, poorly tolerated, or contraindicated." The injured worker has low back pain with radiation to the left lower extremity. The injured worker has continued low back pain and tingling in the bilateral feet. The treating physician has documented chronic low back pain, radiculopathy, and erectile dysfunction. The request was for urogenic conditions, which the treating physician does not adequately document. The treating physician has not documented duration of treatment, or objective evidence of derived functional improvement from its use. The criteria noted above not having been met, Amitriptyline 25mg #30 is not medically necessary.