

Case Number:	CM15-0030227		
Date Assigned:	02/23/2015	Date of Injury:	07/24/2002
Decision Date:	04/07/2015	UR Denial Date:	02/07/2015
Priority:	Standard	Application Received:	02/18/2015

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, Michigan, 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 50 year old male who sustained an industrial related injury on 7/24/02. The injured worker had complaints of low back and right leg pain. Physical examination findings included lumbosacral tenderness to palpation with myofascial tightness. Lumbar flexion was 40% of normal and extension was 15% of normal. A straight leg raise test was positive on the right. Musculoskeletal strength was decrease on the right side with knee flexion. Diagnoses included lumbosacral sprain/strain injury, right S1 lumbosacral radiculopathy, repetitive strain injury, myofascial pain syndrome, and flare-up of low back and leg pain. Treatment included electro-acupuncture. Medications included Norco, Celebrex, and Flexeril. The treating physician requested authorization for a consult with [REDACTED] for a second opinion. On 2/7/15, the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the medical records indicated the injured worker has not failed to respond to other therapies. The medical records indicated the injured worker found benefit from a previous trail of acupuncture and the injured worker had pain relief with an epidural steroid injection and pain medication which allowed him to return to work. Therefore, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Consult with [REDACTED] for a second opinion between 2/3/15 and 4/7/15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Chronic pain programs, early intervention Page(s): 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 clear documentation that the patient had delayed recovery and a response to medications that falls outside the established norm. In fact, the medical records indicated the patient found benefit from a previous trial of acupuncture and the injured worker had pain relief with an epidural steroid injection and pain medication which allowed him to return to work. The requesting physician should provide a documentation supporting the medical necessity for this evaluation. The documentation should include the reasons, the specific goals and end point for a neurology Evaluation. Therefore, the request for 1 Consult with [REDACTED] for a second opinion is not medically necessary.