

Case Number:	CM15-0043374		
Date Assigned:	03/13/2015	Date of Injury:	08/29/2012
Decision Date:	04/24/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/09/2015

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 was a 47 year old male, who sustained an industrial injury, August 29, 2012. The injured worker previously received the following treatments random toxicology testing, pain medication, right shoulder MRI, Norco, Jamar Dynamometer for the right hand, right elbow surgery, amitriptyline and topiramate. The injured worker was diagnosed with cervical pain, cervicgia, lumbago, right rotator cuff tear, right elbow pain, right hip pain and enthesopathy of hip. According to progress note of January 29, 2015, the injured workers chief complaint was cervical spine and lumbar spine pain 4 out of 10; 0 being no pain and 10 being the worse pain. The cervical neck pain was described as dull neck pain and popping aggravated by the cold weather and repetitive movement. The lumbar spine radiated down the right leg with numbness, associated with cold weather and prolonged standing and relieved by medication. Right shoulder pain 7 out of 10, the pain radiated to the right hand with weakness. The pain was aggravated by prolonged grabbing and grasping. The left shoulder pain 6 out of 10, the pain was associated with repetitive movement and relieved by medication. The right hip pain was 3 out of 10 the pain was aggravated by prolonged standing or climbing stairs. The physical exam noted a decreased range of motion in all areas. The treatment plan included neurology consultation for constant pain and headaches on October 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Neurology: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessing Red Flags and Indication for Immediate Referral Page(s): 171.

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 neurology 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 that the patient has worsening headaches or developed new sudden-onset headaches reaching maximum intensity. The referral was recommended due to chronic neck pain and headaches. According to progress note of January 29, 2015, the patient's chief complaint was cervical spine and lumbar spine pain and the pain was rated as a 4/10 and relieved with medications. The recent documentation did not reveal subjective complaints of headaches. In addition, the provider documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the request for Neurology Consultation is not medically necessary.