

<b>Case Number:</b>	CM15-0044208		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	02/10/2014
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 is a 54 year old, male patient, who sustained an industrial injury on 02/10/2014. A primary treating office visit dated 12/12/2014 reported physical examination found the lumbar spine with positive Lasegue maneuver bilaterally at 35 degrees. Bragard is also positive bilaterally. The following diagnoses are applied; discopathy of the lumbar spine, medial and lateral right epicondylitis and right carpal tunnel adhesions secondary to trauma. Prior treatment included extracorporeal shockwave therapy, totaling 4 sessions and approximately 15 physical therapy sessions. The treatment plan noted retrieving radiographic study for review. Initiate ortho shock to the lateral epicondyle and initiate physical therapy treating lumbar spine, and bilateral epicondyle to right wrist. The patient is unable to work and is temporary totally disabled for 45 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MD (medical doctor) consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain; Evaluation & Management (E&M).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Assessing Red Flags and Indication for Immediate Referral, Chronic pain programs, early intervention Page(s): 171, 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 surgery 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) The provider did not document lack of pain and functional improvement that require an office visit. The requesting physician did not provide a documentation supporting the medical necessity for the visit. The documentation did not include the reasons, the specific goals and end point for the visit. Therefore the request for MD (medical doctor) consultation is not medically necessary.

**MRI (magnetic resonance imaging), Right Elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33. Decision based on Non-MTUS Citation Official Disability Guidelines: Elbow.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Elbow Complaints Page(s): 42.

**Decision rationale:** According to MTUS guidelines, MRI of the elbow is recommended in case of suspected ulnar collateral ligament tears. There is no clear evidence of such damage in this case. Therefore, the request for right elbow MRI is not necessary.