

Case Number:	CM15-0051639		
Date Assigned:	03/25/2015	Date of Injury:	01/06/2014
Decision Date:	05/05/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/18/2015

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 45-year-old female, who sustained an industrial injury on 01/06/2014. Initial complaints reported included pop in the low back followed by low back pain radiating to the upper back and shoulders. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies (physical therapy and acupuncture), consultations, ultrasound of the bilateral knees (01/16/2015), MRI of the lumbar spine and injections. Currently, the injured worker complains of continued total body pain, chronic fatigue, difficulty sleeping, low back pain radiating to lower extremities, shoulder pain, upper arm pain with numbness and tingling, pain with hand movement, and right knee swelling and pain. The injured worker reported improvement in symptoms with acupuncture. Current diagnoses include backache not otherwise specified, and chronic pain syndrome. The treatment plan consisted of continued medications, neurology consultation, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurology Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 213, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in

Workers' Compensation Neck and Upper Back Procedure Summary; Shoulder Procedure Summary.

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). In this case, the patient complaints of headaches but there is no documentation about the severity, frequency, and characteristics of the headaches. There is no documentation that these headaches are affecting function and recovery of the patient. Therefore, the request for Neurology Consultation is not medically necessary.