MAXIMUS Federal Services

| Case Number: | CM15-0088040 | | |
|---|---|---|---|
| Date Assigned: | 05/12/2015 | Date of Injury: | 04/29/2013 |
| Decision Date: | 06/19/2015 | UR Denial Date: | 04/22/2015 |
| Priority: | Standard | Application Received: | 05/07/2015 |

## 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, Alabama, 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 36-year-old male who sustained an industrial injury on 4/29/13. The injured worker was diagnosed as having cephalgia, cervical spine sprain/stain with myofascitis, right shoulder status post arthroscopic biceps tenodesis, debridement of the superior labrum, subacromial bursectomy (1/12/15), right hand paresthesia, right hand, thumb, volar plate injury at the metacarpophalangeal joint, right wrist carpal tunnel syndrome, thoracic/trapezius sprain/strain and left foot plantar fasciitis. Currently, the injured worker was with complaints of pain to the neck, right shoulder, right upper extremity, lower back, bilateral ankles and associated headaches. Previous treatments included physical therapy, surgical interventions as noted and medication management. Previous diagnostic studies included magnetic resonance imaging, electromyography and nerve conduction velocity study. Physical examination was notable for tenderness to palpation to the cervical spine, right shoulder and right wrist, hand and fingers. The plan of care was for an evaluation with a neurologist.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation with neurologist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACEOM Chapter 7: Independent Medical Examinations and Consultations, page1127 (NOT MTUS - not in PDF).

**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 pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end 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 condition requires neurology evaluation. 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 for a neurology Evaluation. Therefore, the request for neurology consultation is not medically necessary.