MAXIMUS Federal Services

Case Number:	CM15-0088073		
Date Assigned:	05/12/2015	Date of Injury:	10/08/2010
Decision Date:	06/11/2015	UR Denial Date:	04/28/2015
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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old male, who sustained an industrial injury on 10/08/2010. Diagnoses include cervical spine disc bulges and lumbar spine disc bulges. Treatment to date has included diagnostics, exercise, stretching and medications. Per the Primary Treating Physician's Initial Medical Report dated 2/09/2015, the injured worker reported numbness of the neck, upper back and lower back. He reports numbness and tingling of the neck and both feet. Physical examination revealed diffuse lumbar tenderness and negative straight leg raise test. The plan of care included physiotherapy, diagnostics and consultations. Authorization was requested for a consultation with a pain management specialist and an internal medicine specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Pain Management Specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 165-194, 287-328. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, pages 104-164.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7- Independent Medical Examinations and Consultations, page 127.

Decision rationale: This patient sustained an injury in October 2010 and continues to treat for chronic pain. Symptoms are stable without any new trauma and the he is tolerating conservative treatments without escalation of medication use or clinically red-flag findings on examination. There is no change or report of acute flare. If a patient fails to functionally improve as expected with treatment, the patient's condition should be reassessed by consultation in order to identify incorrect or missed diagnoses; however, this is not the case; he remains stable with continued chronic pain symptoms on same unchanged medication profile and medical necessity for pain management consultation has not been established. There are no clinical findings or treatment plan suggestive for any interventional pain procedure. The Consultation with Pain Management Specialist is not medically necessary and appropriate.

Consultation with Internal Medicine Specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 165-194, 287-328. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, pages 104-164.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7- Independent Medical Examinations and Consultations, page 127.

Decision rationale: Submitted reports have not demonstrated any specific symptom complaints, clinical findings, complicated conditions or diagnoses indicative of an internal medicine consultation that is hindering treatment or recovery for this chronic work injury. There are no identifying clinical findings to support for specialty care beyond the primary provider's specialty nor is there any failed conservative medication treatment trials rendered for any unusual or complex pathology that may require second opinion. The Consultation with Internal Medicine Specialist is not medically necessary and appropriate.