

Case Number:	CM14-0115524		
Date Assigned:	08/06/2014	Date of Injury:	06/17/2009
Decision Date:	01/02/2015	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a woman who sustained a work-related injury on June 17 2009. Subsequently, the patient developed a chronic neck pain for which she underwent cervical surgery. According to a progress report dated on January 7 2014, the patient was complaining of anxiety and depression. She was treated with Xanax and Wellbutrin. According to another note dated on June 23 2014, the patient was complaining of neck pain. The patient physical examination demonstrated cervical tenderness with reduced range of motion. The patient was diagnosed with cervical sprain and bilateral shoulder pain. The provider requested authorization for urology consultation for stool and urine incontinence. However there is no clinical information clarifying the rational of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urology consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171, Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 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 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 clear documentation that the patient needs a pain management evaluation as per MTUS criteria. There is no documentation at all about the request for urological consultation. There is no documentation of history, physical examination and ancillary testing characterizing the patient urine and stool incontinence. The provider did not document the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the request for urology consultation is not medically necessary.