MAXIMUS Federal Services

Case Number:	CM14-0154985		
Date Assigned:	09/25/2014	Date of Injury:	02/05/2011
Decision Date:	07/03/2015	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/22/2014

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. 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 43-year-old male, who sustained an industrial injury on 02/05/2011. He reported an injury to the left knee. He was diagnosed with contusion and sprain of the left knee. He had a previous injury on 05/06/2010 when he fell and landed on his back and experienced acute pain in his left shoulder. The medical records submitted for review include several dates of injury. According to a partially legible handwritten progress report dated 03/10/2014, constant low back pain was noted. A lumbar epidural steroid injection did not help. The injured worker was keen to a 2nd injection but wanted to wait for the agreed medical examination consult. No radiation or numbness and tingling was noted. Cervical spine pain was rated 7 on a scale of 1-10. Lumbar spine pain was rated 8. Left shoulder pain was rated 7 and left elbow pain was rated 1. Pain was increased with activities of daily living and decreased with topical medications. The injured worker refused any medications except for topical. The treatment plan included pain management, topical medications and acupuncture. According to an agreed medical evaluation dated 04/04/2014, the provider noted that there was considerable confusion in the medical records regarding treatment and injury dates in this case. Diagnoses included cervical musculoligamentous strain by history, left shoulder strain, internal derangement of the left elbow, lateral epicondylitis non-industrial and lumbosacral strain. The provider noted that the injured worker should be provided access to future medical care including an 8 to 12 session course of physical therapy twice annually for exacerbations of pain, anti-inflammatory medication and access to physiotherapy regarding the right shoulder condition. According to a progress report dated 05/05/2014, subjective complaints included cervical spine, lumbar spine,

left shoulder and right elbow pain. Lumbar spine pain with bilateral lower extremity radiculitis, left greater than right was noted. Pain was decreased with meds, rest and therapy and increased with repetitive activity. Persistent pain and positive MRI findings were noted. The treatment plan included pain management, therapy and a psych referral. Currently under review is the request for a pain management evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), chapter 7: Independent Medical Examinations and Consultations, page 127.

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 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 discernable 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 clear documentation that the patient had delayed recovery and a response to medications that falls outside the established norm. The provider did not document the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the request for Pain Management Evaluation is not medically necessary.