

<b>Case Number:</b>	CM15-0112878		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	04/30/2014
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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 61-year-old male who sustained an industrial injury on April 30, 2014. He has reported neck pain and low back pain and has been diagnosed with Klippel-Feil fusion between C2 and C3, worsening mild acquired central canal stenosis at C4-5 and C5-6, multilevel significant foraminal narrowing, type II acromian, bilateral shoulder, calcific tendinitis, right shoulder, radial styloid interspace of 1.8 mm in right hand and 2.3 mm in the left hand, musculoligamentous sprain and strain, lumbar spine, superimposed on prior low back injuries, narrowing between L5-S1 interspace, spur of the anterior, spur off the anterior and superior body of L4-L5, superior body of L3 and inferior body of L2 and anterior spurring and bridging between T11 and T12, there is a neurostimulator electrode entering the spinal canal, and multilevel disc bulges and stenosis L2-3 to L5-S1. Treatment has included medications. There was spasm in the lumbar spine. There was radiating pain from the lumbar spine into the left lower extremity. The injured worker ambulates with a cane. The treatment request included a referral for pain management treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral for Pain Management Treatment: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS 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 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 referral is not medically necessary.