

Case Number:	CM15-0061147		
Date Assigned:	04/07/2015	Date of Injury:	03/17/1999
Decision Date:	06/04/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/31/2015

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 57-year-old male, who sustained an industrial injury on March 17, 1999. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having tears of the medial and lateral meniscus of the knee, olecranon bursitis, spinal stenosis lumbar region, unspecified thoracic/lumbar neuritis/radiculitis, adhesive capsulitis shoulder, chronic pain syndrome, and anxiety disorder in other conditions. Diagnostics to date are not included in the provide documentation. Treatment to date has included activity modifications, a transcutaneous electrical nerve stimulation (TENS) unit, a cooler machine, warm Epsom salt soaks, psychotherapy, and medications including pain, muscle relaxant, antidepressant, anti-anxiety, and non-steroidal anti-inflammatory. On February 12, 2015, the injured worker complains of chronic, constant aching and throbbing pain of the pelvic brim and junction radiating into the bilateral iliolumbar area with numbness over the anterior calves into the anterior feet. He complains of almost constant, stabbing, throbbing left knee pain radiating medially into the posterior medial joint line. There is almost constant, stabbing, throbbing left shoulder pain over the superior and anterior aspects to the mid-deltoid area. He complains of occasional throbbing bilateral elbow pain and almost constant, stabbing, throbbing pain of the bilateral hands. The physical exam revealed no significant tenderness of the right hand and a small mass proximal to the prior surgery scar on the left hand.

There was a scar on the left knee from prior arthroscopy, medial joint line prominence, restricted patella in active flexion and extension, a large osteophyte of the medial epicondyle when the knee is in maximal extension, decreased flexion, slight medial compartment laxity, moderate retropatellar and capsular crepitation with active flexion and extension, and increased warmth. The lumbar spine exam revealed mildly decreased lordosis with midline scar from prior surgery, pelvic brim and junction tenderness to percussion, slight spasms of the bilateral paravertebral muscles and bilateral sciatic notch, and decreased range of motion. There was no palpable bursa of the bilateral elbows. The left shoulder exam revealed minimal tenderness of the anterior and lateral acromium, decreased range of motion, and normal upper arm muscle strength. The treatment plan includes a neurology consultation and 6 weekly behavioral pain management sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 neurology consult: Upheld

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

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 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. There is no focal neurological signs. 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 point for a neurology Evaluation. Therefore, the request for neurology consultation is not medically necessary.

6 weekly behavioral pain management sessions: 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 (functional restoration programs) pages Page(s): 31-33.

Decision rationale: According to MTUS guidelines, Chronic pain programs (functional restoration programs) “Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below. Also called Multidisciplinary pain programs or Interdisciplinary rehabilitation programs, these pain rehabilitation programs combine multiple treatments, and at the least, include psychological care along with physical therapy & occupational therapy (including an active exercise component as opposed to passive modalities). While recommended, the research remains ongoing as to (1) what is considered the "gold-standard" content for treatment; (2) the group of patients that benefit most from this treatment; (3) the ideal timing of when to initiate treatment; (4) the intensity necessary for effective treatment; and (5) cost-effectiveness. It has been suggested that interdisciplinary/multidisciplinary care models for treatment of chronic pain may be the most effective way to treat this condition. (Flor, 1992) (Gallagher, 1999) (Guzman, 2001) (Gross, 2005) (Sullivan, 2005) (Dysvik, 2005) (Airaksinen, 2006) (Schonstein, 2003) (Sanders, 2005) (Patrick, 2004) (Buchner, 2006) Unfortunately, being a claimant may be a predictor of poor long-term outcomes. (Robinson, 2004) These treatment modalities are based on the biopsychosocial model, one that views pain and disability in terms of the interaction between physiological, psychological and social factors. (Gatchel, 2005) There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes.” (Karjalainen, 2003) There is no clear and recent documentation for failure of physical therapy, occupational therapy or chiropractic sessions in this case. Therefore, the request for 6 weekly behavioral pain management sessions is not medically necessary.