

Case Number:	CM13-0016438		
Date Assigned:	11/06/2013	Date of Injury:	01/29/2007
Decision Date:	07/28/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/26/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 53-year-old male with a 1/29/07 date of injury. At the time (8/9/13) of request for authorization for ongoing pain management, there is documentation of subjective (left wrist pain, lower back pain) and objective (decreased left wrist range of motion, positive wrist tenderness to palpation, 5-/5 muscle strength digit abductor intrinsics; decreased lumbar spine range of motion, tenderness at the lumbosacral junctions) findings, current diagnoses (carpal tunnel syndrome with flare-up exacerbation), and treatment to date (medications). There is no documentation of which specific treatment(s) is/are being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONGOING PAIN MANAGEMENT: 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), 2nd Edition, (2004), Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations, page(s) 127.

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnosis of carpal tunnel syndrome with flare-up exacerbation. In addition, there is documentation of a request for on-going pain management. However, there is no clear documentation of which specific treatment(s) is/are being requested. Therefore, based on guidelines and a review of the evidence, the request for ongoing pain management is not medically necessary.