

Case Number:	CM13-0030595		
Date Assigned:	03/03/2014	Date of Injury:	05/16/2008
Decision Date:	04/23/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/30/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 57-year-old female that had a work injury on 5/16/08 when she was changing and cleaning trash bags. Her diagnoses include: cervical musculoligamentous injury, cervical radiculopathy, thoracic musculoligamentous injury, lumbar musculoligamentous injury/lumbar radiculopathy, left shoulder impingement syndrome, left shoulder sprain/strain, right shoulder impingement syndrome, right shoulder sprain strain, left elbow sprain/wrist, right elbow sprain/strain, left wrist sprain/strain /, status post surgery, left wrist ,right wrist sprain/ strain, status post surgery, right wrist, loss of sleep, anxiety and depression. The patient has undergone numerous physical therapy and chiropractic treatments including multiple right hand surgeries. There is a request for the medical necessity of a consult with [REDACTED] for medication. The provider submits a progress report dated 11/5/13 stating that the patient has complaints of pain in the cervical, thoracic and lumbar spine, shoulders, elbows and wrists. There is low back pain radiating into the legs and numbness/tingling in the wrists. Findings include tenderness upon palpation in the cervical spine, thoracic, lumbar spine and both wrists. There was a denial of an authorization for a request for a consult with [REDACTED] dated 9/13/13. There is an 8/23/13 urine toxicology screen which lists numerous medications and inconsistencies in the way they were prescribed on testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULT WITH [REDACTED] FOR MEDICATION: 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), INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS REGARDING REFERRALS, CHAPTER 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, FUNCTIONAL RESTORATION PROGRAM Page(s): 7-8.

Decision rationale: A consult with [REDACTED] for medication is not medically necessary. The documentation submitted reveals that patient is already on medications. She has furthermore had multiple modalities and treatment. There is no clear indication why she needs to see [REDACTED] except the request indicates for medication. The MTUS states that whether the treatment is provided by an individual provider, a multidisciplinary group of providers, or tightly integrated interdisciplinary pain program, it is important to design a treatment plan that explains the purpose of each component of the treatment. Furthermore, demonstration of functional improvement is necessary at various milestones in the functional restoration program in order to justify continued treatment. There is no clear explanation of why [REDACTED] needs to be seen or what his specialty is. Patient is already on medication from another provider. There is no documentation of a clear treatment plan. The request for a consult with [REDACTED] is not medically necessary.