

Case Number:	CM13-0031804		
Date Assigned:	12/04/2013	Date of Injury:	01/12/2011
Decision Date:	02/19/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 physician 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 55-year-old female who reported a work-related injury on 01/12/2011 as result of repetitive motion to the bilateral wrists, cervical spine, and lumbar spine. Subsequently, the patient presents for treatment of the following diagnoses: carpal tunnel syndrome, sprain/strain of the cervical spine, tendinitis of the shoulder, and tendinitis of the wrist. The clinical note dated 06/07/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient utilizes Mobic for her pain complaints. The provider documented upon physical exam of the patient, bilateral wrists range of motion was within normal limits; tenderness was reported upon palpation of the wrist. The provider documented exam of the cervical spine exhibited decreased range of motion and tenderness and pain reported upon palpation of the spine. The provider documented the patient's medication was refilled to include Mobic and nortriptyline; recommendation for an ortho hand evaluation for treatment of the patient's bilateral wrists; the patient was placed on modified work duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

EVALUATION AND TREATMENT BY CHRONIC PAIN MANAGEMENT PROGRAM:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

Decision rationale: The current request is not supported. The clinical documentation submitted for review lacks evidence for the patient to undergo evaluation and participation in a chronic pain management program. The clinical notes document the patient may have further surgical interventions for her bilateral wrist complaints. Additionally, the requested duration and frequency of participation in this program was not specified in the request. California MTUS indicates specific criteria for the current request to include the patient is not a candidate where surgery or other treatments would clearly be warranted if a goal of treatment is to prevent or avoid controversial optional surgery. A trial of 10 visits may be implemented to assess whether surgery may be avoided. However, without documentation evidencing the goals of treatment for the patient's utilization of this program, as well as rationale for the request at this point in the patient's treatment, the request for evaluation and treatment by chronic pain management program is not medically necessary or appropriate.