

Case Number:	CM13-0040880		
Date Assigned:	12/20/2013	Date of Injury:	07/18/2009
Decision Date:	02/26/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/29/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 56-year-old female who reported an injury on 07/18/2009 due to an assault by a combative patient that ultimately resulted in cervical fusion, right shoulder surgery and bilateral carpal tunnel release. The patient's most recent clinical examination findings noted that the patient was developing some de Quervain's tenosynovitis that may require a steroid injection. The patient's clinical findings included a well healed surgical scar and tenderness to palpation of the wrist. The patient's diagnosis included carpal tunnel syndrome. The patient's treatment plan included referral to a pain management specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Treatment with pain management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The requested treatment with pain management is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has multiple pain generators. The American College of Occupational and Environmental Medicine recommends referrals from the treating physician requires additional expertise in the

formulation of a patient's treatment plan. The clinical documentation submitted for review does provide evidence that the patient is being referred for pain management consultation. The results of that consultation would need to be provided to determine the need for continuation of treatment with pain management. As there is no documentation that the patient has already undergone a pain management consultation and the results of that consultation have not been provided the need for continuation of treatment with a pain management specialist cannot be determined. As such, the requested treatment with pain management is not medically necessary or appropriate.