

Case Number:	CM13-0060744		
Date Assigned:	12/30/2013	Date of Injury:	01/12/2011
Decision Date:	03/28/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/03/2013

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, 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 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:

This is a patient with a date of injury of 1/12/11. A utilization review determination dated 11/19/13 recommends non-certification of a pain management consult for possible injections. The 12/13/13 progress report identifies RUE pain and numbness. Pain is in right neck, shoulder, UE, and knee. The report references an NCS said to show CTS, cervical radiculopathy, and thoracic outlet syndrome. On exam, there is tenderness at lateral epicondyle and hand pain unilaterally. The treatment plan includes Gabapentin 300 mg b.i.d., follow-up with ortho, and pain management consultation possible injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult for possible injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation 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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for pain management consult for possible injections, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, there is no clear rationale presented for the pain management consultation and no documentation of symptoms and findings suggestive of a condition for which injections would be indicated. In light of the above issues, the currently requested pain management consult for possible injections is not medically necessary.