

Case Number:	CM13-0063632		
Date Assigned:	12/30/2013	Date of Injury:	09/13/2012
Decision Date:	03/31/2014	UR Denial Date:	11/28/2013
Priority:	Standard	Application Received:	12/10/2013

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 Interventional Spine 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:

The patient is a 46-year-old female with date of injury of 09/13/2012. The listed diagnosis per [REDACTED] dated 09/23/2013 is left hand chronic regional pain syndrome. According to progress report dated 09/23/2013 by [REDACTED], the patient complains of pain and swelling in the right hand as well as pain and limited motion in the left hand. She is currently not taking any medications for pain. Objective findings show grip strength on the right hand is 4/4/4 (kg). Unable to test the left hand for grip strength. There is hypoesthesia in the left hand. Treating physician is requesting pain management consultation with 12 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

pain management consultation with 12 visits: 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), Chapter 7, pg. 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 pg. 127

Decision rationale: The Physician Reviewer's decision rationale: This patient presents with chronic bilateral hand pain. The treating physician has requested a pain management consult with 12 visits. Review of reports show that the patient recently received a pain management consult with [REDACTED] dated 10/18/2013. [REDACTED] recommended taking Tylenol with codeine and Neurontin for pain. ACOEM guidelines state that health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the pain or course of care may benefit from additional expertise. In this case, the patient already received a consultation with [REDACTED]. The treating physician does not explain why another pain consult is needed at this juncture. Given the lack of clarity regarding this request for pain management consultation, the requested pain management consultation and 12 visits is not medically necessary and appropriate.