

Case Number:	CM14-0004895		
Date Assigned:	01/24/2014	Date of Injury:	01/27/2013
Decision Date:	06/20/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/13/2014

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 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 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 injured worker is a 44-year-old male who reported an injury on 01/27/2007 due to cumulative trauma. The injured worker reportedly developed bilateral upper extremity pain complaints. The injured worker's diagnoses included bilateral carpal tunnel syndrome. The injured worker's treatment history included physical therapy, medications, acupuncture and steroid injections. The injured worker was evaluated on 01/15/2014. It was documented that the injured worker had 7/10 pain in the bilateral hands with a positive tinel's sign, positive phalen's sign, and tenderness to palpation along the volar aspect of the wrists. A request was made for acupuncture, chiropractic treatment, topical analgesics, a urine drug screen, a pain management referral, an orthopedic referral, and a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION WITH PAIN MANAGEMENT FOR BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: American College of Occupational and Environmental Medicine (ACOEM), (ACOEM), 2nd Edition,(2004) 5, page(s) 89-92

Decision rationale: The requested consultation with pain management for the bilateral upper extremities is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend referrals for injured workers who are at risk for delayed recovery when the treating provider has exhausted all chronic pain management treatments within their scope of practice and requires additional expertise to develop treatment planning for the injured worker. The clinical documentation submitted for review does not clearly indicate that the treating provider has exhausted all chronic pain management treatments within their scope of practice. There was no clear justification for referral to a pain management specialist provided within the documentation. As such, the requested consultation with pain management for bilateral upper extremities is not medically necessary or appropriate.