

Case Number:	CM14-0005449		
Date Assigned:	01/24/2014	Date of Injury:	05/14/2004
Decision Date:	07/14/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/15/2014

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 Occupational Medicine 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 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 patient is a 49-year-old female who has filed a claim for cervicgia associated with an industrial injury date of May 14, 2004. A review of the progress notes indicates neck, low back, and bilateral elbow pain. Findings include spasm and tenderness in the paracervical musculature, decreased range of motion of the cervical spine, positive and Spurling's maneuver on the right. Regarding the left elbow, findings include epicondylar tenderness, pain upon wrist extension, positive Tinel's in the ulnar groove, and positive elbow flexion test. Regarding the right elbow, findings include medial epicondylitis and positive Tinel's in the ulnar groove. Regarding the lumbar spine, there is tenderness of the lumbar region, limited range of motion, and positive straight leg raise test, more on the right. MRI of the cervical spine dated April 01, 2013 showed post-operative changes at C4-5, and mild cervical spondylosis. The treatment to date has included opioids, topical creams, physical therapy, acupuncture, aquatic therapy, anti-depressants, psychotherapy, and cervical spinal surgery. In a utilization review from January 07, 2014 denied the requests for occupational medicine follow-up visit, orthopedic consultation with an upper extremity specialist, and pain management consultation regarding the cervical spine as there is no documentation of failure of conservative treatment or of significant changes in examination findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL MEDICINE FOLLOW-UP OFFICE VISIT.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Office visits.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that evaluation and management outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, the patient does not present with significant changes in the presentation and treatment plan regarding the neck, low back, and bilateral elbow pain. Therefore, the request for occupational medicine follow-up office visit was not medically necessary.

PAIN MANAGEMENT CONSULTATION REGARDING THE CERVICAL SPINE:
Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

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) Independent Medical Examinations and Consultations chapter, pages 127 and 156.

Decision rationale: As stated on pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines referenced by CA MTUS, occupational health practitioner may refer to other specialists 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. In this case, the requesting physician indicates that the purpose of a pain management consultation was to evaluate the necessity for a cervical epidural steroid injection in this patient. However, there is no documentation describing the derived benefits from previous cervical epidural steroid injection. Also, patient does not present with changes in cervical spinal symptoms and findings. Therefore, the request for pain management consultation regarding the cervical spine was not medically necessary.

ORTHOPEDIC CONSULTATION WITH AN UPPER EXTREMITY SPECIALIST:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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) Independent Medical Examinations and Consultations chapter, pages 127 and 156.

Decision rationale: As stated on pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines referenced by CA MTUS, occupational health practitioner may refer to other specialists 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. In this case, there is recommendation for left elbow surgery by an upper extremity specialist. The rationale requesting another consultation with an upper extremity specialist is unclear at this time. Therefore, the request for orthopedic consultation with an upper extremity specialist was not medically necessary.