

Case Number:	CM14-0006651		
Date Assigned:	03/03/2014	Date of Injury:	06/04/2009
Decision Date:	07/17/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/17/2014

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:

This is a 44-year-old female patient with a 6/4/09 date of injury. She injured herself due to repetitive motion. On 1/2/14, a progress report indicated the patient has pain in bilateral arms, left side of her face, left leg and right knee. Objective exam showed she was alert and oriented, with guarding movements. There is atrophy over the right hand with muscle tightness and tenderness in the right trapezius. A psychology note on 9/22/13 indicated she had 10 Ketamine infusions with short-term pain relief. She participated in the pain functional rehabilitation program with a good outcome. She continued to have pain which was not fully controlled. The patient had been recommended to have a trial of spinal cord stimulation and possibly ulnar nerve transposition if the stimulator does not relieve her pain. She also tried to control pain with medication management, which gave her short-term pain relief. It was noted that the patient had high level of anxiety and fearfulness accompanied by moderate obsessive features. Diagnostic Impression: s/p right ulnar nerve decompression on 11/9/2011, status post decompression of the right thoracic outlet and first rib resection, complex regional pain syndrome type 1 in the bilateral upper extremities, right greater than left. Treatment to date: medication management, ketamine infusions, FRP, right stellate ganglion block, physical therapy. There is documentation of a previous 1/13/14 adverse determination. Regarding the consultation with neurologist [REDACTED] (Neurology) re: left thoracic outlet syndrome, based on the fact that neurologists do not do surgery, nor surgical evaluation. The RFA stated that the consultation was for a neurologist evaluation for a surgical evaluation for thoracic outlet syndrome. In addition, the patient already had an operation for thoracic outlet syndrome. Regarding the consultation with the pain psychologist [REDACTED], the RFA stated that the consultation was prior to an operation. The request was denied because there was no planned surgery, or consultation with

the orthopedic surgeon to do preoperative evaluation. The consultation with the orthopedic surgeon was deemed not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION WITH [REDACTED] (NEUROLOGY) RE: LEFT THORACIC OUTLET SYNDROME: 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 American College of Occupational and Environmental Medicine Clinical Topics (ACOEM), 2nd Edition, (2004) Chapter 7 - Independent Medical Examinations and Consultations (pp 127, 156);

Decision rationale: CA MTUS states that consultations are recommended, and a 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. However, there is no clear documentation provided as to why a neurology consultation is being requested for this patient. This patient has previously had surgical treatment of thoracic outlet syndrome. It is noted that the patient may have an orthopedic procedure for an ulnar nerve transposition, however it is documented that the surgery is pending the outcome of a spinal cord stimulator. While guidelines do support consultations with specialists as the primary treating provider feels necessary, additional information regarding the rationale behind the consultation is necessary to substantiate this request. Therefore, the request for CONSULTATION WITH [REDACTED] (NEUROLOGY) RE: LEFT THORACIC OUTLET SYNDROME, was not medically necessary.

CONSULTATION WITH PAIN PSYCHOLOGIST, [REDACTED]: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 - Independent Medical Examinations and Consultations (pp 127, 156).

Decision rationale: CA MTUS states that consultations are recommended, and a 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. The patient presented with long history of pain in the upper extremities. She went through different procedures, surgeries and injections. However, the patient is documented to have previous consultations with the pain psychologist. It is unclear how many sessions or

consultations the patient has had. It is unclear if she is receiving psychotherapy, or if this is a request for a consultation. There is no clear documentation of functional improvement gained from her prior consultations with the pain psychologist. There are no significant changes in her condition that would warrant an additional, new consultation. Therefore, the request for CONSULTATION WITH PAIN PSYCHOLOGIST, [REDACTED], was not medically necessary.