

<b>Case Number:</b>	CM14-0012957		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 32-year-old male who reported an injury on 01/18/2013. He reportedly sustained injuries to his neck, bilateral shoulders, bilateral elbows, wrist, hand, mid back, and low back. The injured worker's treatment history included MRI studies, medications, and EMG studies. The injured worker was evaluated on 01/12/2014 and it was documented the injured worker was diagnosed with related, estimated Category 2, for no verifiable radiating pain and multiple level degenerative disease rated at 8% whole person impairment. Range of motion impairment for the right shoulder was 6% upper extremity impairment, and for the left shoulder 5% upper extremity impairment. Range of motion impairment for the right elbow was 1% upper extremity impairment, and for the left elbow 1% upper extremity impairment. The above impairment rating does not appear to be an accurate reflection of the injured worker's true loss of work capacity. The injured worker had epicondylitis in the medial and lateral epicondyles of both elbows. These pose a significant inability to perform certain occupational activities, such as repetitive, forceful grasping, repeated twisting and torquing activities. There are not accurately reflected in the above impairment as customarily in the Guides. The range of motion impairment of the right wrist was 7% upper extremity impairment, and for the left wrist 6% upper extremity impairment. The injured worker had undergone an EMG on 12/09/2013 that was normal. The injured worker had undergone an MRI of the thoracic spine on 12/05/2013 that revealed 2 to 3 mm disc bulge at T7-8, but otherwise unremarkable thoracic spine MRI. Diagnoses included cervical strain, bilateral hand and arm numbness, multiple myofascial tender points, acute thoracic sprain/strain, and progression of lower back pain. The Request for Authorization or rationale were not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PAIN MANAGEMENT CONSULTS AND TREATMENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (Functional restoration programs) Page(s): 32-33.

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

**Decision rationale:** The request for pain management consults and treatment is not medically necessary. Per the Official Disability Guidelines (ODG), office visits are recommended based on patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documents submitted indicated the injured worker was improving however, had a recent relapse. Additionally, the provider did not indicate any failed pain medication for the injured worker. Given the above, the request for pain management consults and treatment is not medically necessary.