

Case Number:	CM14-0138532		
Date Assigned:	09/05/2014	Date of Injury:	09/19/2011
Decision Date:	10/02/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/27/2014

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 Internal 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 injured worker is a 50 year old female who suffered an industrial injury on 09/19/ 2011. The body parts / injuries that are deemed per AME to be industrially related include the lower back but not the wrist. The patient was last seen by the primary treating provider in 7/2014 and reported ongoing pain in the right wrist, elbow and lower back as well as mid back. In an earlier notation, the primary treating provider documented radiation of cervical pain into the shoulder but no radiation of the lumbo-sacral area pain. On physical examination, no changes from previous examinations were evident. Going back and reviewing physical examinations in previous notations of the primary provider (3/12/2014) reveals tenderness to palpation of the lumbar-sacral spine and paraspinal muscles with positive straight leg raising tests bilaterally. The patient also has had wrist pain and for that has undergone EMG and NCV in 3/2014 that documented no abnormality. He is status post repair of Triangular Fibrocartilage Complex (TFCC) in 2013 and has not been seeing the wrist surgeon in the past two months. He was seen in 5/2014 by the pain management specialist and the report indicated that the patient was not willing to obtain further epidural steroid injections in the lumbar area. The patient was noted on the notation of 3/14/2014 to be anxious and depressed. He was started on sertraline orally. Of note, two urine drug screens indicated inconsistencies in terms of the fact that the patient was prescribed tramadol and opiate and both the tramadol and hydrocodone were negative in the urine drug screens.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management follow up visit: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines History and Physical Examination Page(s): 6.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 6.

Decision rationale: The request is for pain management consultation for epidural steroid injection (ESI). However, the patient is not willing to get any more lumbar ESI as of the notation of the pain management specialist, dated 5/2014. On the other hand, there is clinical evidence documented indicating that the patient has anxiety and depression, he has multi-focal pain complaints that are chronic and long standing, and has inconsistencies on his urine drug screens. As such, he has a complicated, chronic pain history associated with comorbid depression and anxiety. Therefore, pain management consultation will be helpful and is appropriate since his pain problems are beyond the scope of the primary treating provider, who is an orthopedic surgeon. As listed in the cited guideline, when psychosocial factors are present, the presentation is complex and diagnosis uncertain, and when the patient's clinical condition may benefit from additional expertise, then additional consultation with a specialist is appropriate. In this patient's case, clearly, his pain has lasted well beyond the "usual time of recovery", qualifying him to have a chronic pain syndrome, which is best managed by an expert in chronic pain, that is, a pain specialist.

Hand specialist follow up visit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd ed. (ACOEM), Chapter 7

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 6.

Decision rationale: No physical findings are demonstrated in the clinical records to support the occurrence of new pathology of the wrist or hand. The patient is status post repair of a torn Triangular Fibrocartilage Complex (TFCC) in 2013 but now has ongoing pain in the wrist. This is well beyond the "usual" period of recovery. Therefore, the patient likely has chronic pain syndrome and is being referred to a pain specialist, which, as indicated above, is appropriate. The wrist pain, based on provided clinical records, appears to be due not to a pain generator in the wrist, rather due to chronic pain syndrome and central sensitization of pain pathways. As such, it is best addressed by a pain management specialist. Since no physical findings or subjective findings are detailed that would indicate new wrist pathology or injury, the request for hand surgeon referral is recommended as not medically necessary.

