

Case Number:	CM14-0155994		
Date Assigned:	09/25/2014	Date of Injury:	11/28/2000
Decision Date:	12/04/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/23/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 55 years old female with an injury date of 11/23/00. The 09/15/14 progress report by [REDACTED] states that the patient presents with constant neck pain radiating to the right upper extremity rated 6/10, constant mid back pain rated 6-7/10, constant bilateral shoulder pain rated 6/10 right and 3/10 left and constant bilateral wrist/hand pain rated 3/10. Examination reveals tenderness of the cervical spine, trapezius muscles, and the bilateral carpals. The patient's diagnoses include: Cervical spinal stenosisThoracic sprain/strainRight shoulder partial rotator cuff tearLeft shoulder tendinitisBilateral carpal tunnel syndromeAdjustment disorderMedications are listed as Tramadol, Lyrica, Omeprazole and Theramine. The utilization review being challenged is dated 08/21/14. The rationale is that the request is partially certified with one visit as medical need is established to manage medications. Reports were provided from 03/18/14 to 08/20/14.Cervical spinal stenosisThoracic sprain/strainRight shoulder partial rotator cuff tearLeft shoulder tendinitisBilateral carpal tunnel syndromeAdjustment disorderMedications are listed as Tramadol, Lyrica, Omeprazole and Theramine. The utilization review being challenged is dated 08/21/14. The rationale is that the request is partially certified with one visit as medical need is established to manage medications. Reports were provided from 03/18/14 to 08/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Evaluation Follow-up: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation 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) ACOEM Practice Guidelines, 2nd Edition (2004), chapter:7, page 127 , consultation

Decision rationale: The patient presents with constant neck and mid back pain, along with constant, bilateral shoulder and bilateral wrist/ hand pain rated 3-7/10. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The 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." The reports show the patient experiences chronic pain and is prescribed a regimen of medications including opioids. The treatment plan of the primary treating physician shows requests for the expertise of psych, orthopedic and neuro specialists for the patient's care. The treater does not discuss this request in the reports provided to explain why a follow up is needed. However, the patient does suffer from chronic pain and is on opiates as well as other medications. Pain management follow-up appears medically necessary.