

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0181826 | | |
| Date Assigned: | 11/06/2014 | Date of Injury: | 04/07/2011 |
| Decision Date: | 12/11/2014 | UR Denial Date: | 10/07/2014 |
| Priority: | Standard | Application Received: | 11/03/2014 |

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 Family 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 patient with unspecified age who sustained an injury on 4/07/2011. The mechanism of the injury was not specified in the records provided. The diagnoses include soft tissue disease, ulnar nerve lesion, osteoarthritis, disc degeneration, brachial neuritis, joint pain in hand, lateral epicondylitis and neuralgia/neuritis. According to the doctor's note dated 9/30/2014, the patient had decreased pain in cervical spine, shoulder and scapula. The medication list was not specified in the records provided. Any diagnostic imaging study report was not specified in the records provided. The patient has had bilateral occipital nerve block on 9/08/2014. The patient has had physical therapy and chiropractic therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Day Multidisciplinary Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7, Independent Medical Examinations and Consultations, page 127

Decision rationale: Per the ACOEM guidelines, "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." A recent detailed clinical evaluation note is not specified in the records provided. Any evidence that the diagnosis is uncertain or complex is not specified in the records provided. A basic psychiatric history is not specified in the records provided. Any abnormal imaging studies are not specified in the records provided. The MTUS guidelines also states, "Criteria for the general use of multidisciplinary pain management programs-Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (6) Negative predictors of success above have been addressed." The patient has had conservative therapies including physical therapy and chiropractic therapy for this injury. These physical therapy and chiropractic therapy visit notes are not specified in the records provided. Response to this conservative therapy including physical therapy, chiropractic therapy and pharmacotherapy is not specified in the records provided. The pain evaluation of this patient (e.g. pain diary) is also not well documented and submitted for review. Baseline functional testing that documents a significant loss of ability to function independently resulting from the chronic pain is not specified in the records provided. The medical necessity of 1 day multidisciplinary evaluation is not established for this patient. Therefore, this request is not medically necessary.