

<b>Case Number:</b>	CM14-0185291		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	05/22/2014
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 New York. 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 43 year old woman with a date of injury 5/22/14. She was seen on 9/17/14 with complaints of bilateral wrist pain, depression and anxiety. Her exam showed decreased range of motion in bilateral wrists, increased pain and tenderness on the dorsum of wrist and hand. Phalen's and Tinel's signs were positive and she had decreased sensation in both hands, right greater than left, C7 dermatome. She had a tear in the triangular fibro cartilage complex on right wrist MRI. Her diagnoses were carpal tunnel syndrome and depression and anxiety features. At issue in this review is the request for a consultation with a pain management specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Consultation with a Pain Management Specialist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

**Decision rationale:** This 43 year old worker was injured in 5/14 with subsequent complaints of chronic wrist pain. A comprehensive multidisciplinary approach to pain management is indicated

for patients with more complex or refractory problems. Her physical exam and radiographic findings do not support this complexity. A Pain Management Consult is not medically necessary.