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| Case Number: | CM14-0185560 | | |
| Date Assigned: | 11/13/2014 | Date of Injury: | 12/05/2013 |
| Decision Date: | 12/30/2014 | UR Denial Date: | 10/31/2014 |
| Priority: | Standard | Application Received: | 11/07/2014 |

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, 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 39 year old with an injury date on 6/24/11. Patient complains of persistent left upper extremity pain and is awaiting evaluation for paddle placement of SCS per 10/15/14 report. Patient has 7/10 pain, is working full time, and is currently taking Xanax daily (helps with spasms/sleep) and Percocet 4-5x/week to help with function and CRPS flare-ups per 9/17/14 report. Based on the 10/15/14 progress report provided by the treating physician, the diagnosis is RSD of upper limb. Exam on 10/15/14 showed "allodynia dorsum of left hand, visible sweating of left palm." Range of motion of left hand is limited with dorsiflexion at 8 degrees per 8/6/14 report. Patient's treatment history includes SGB injection, medication, medications, psychological evaluation, SCS trial. The treating physician is requesting 2 monthly follow-up visits with a pain medicine specialist to be seen 1x month. The utilization review determination being challenged is dated 10/25/14 and modifies request to one visit as "visits on an indefinite basis is not supported." The requesting physician provided treatment reports from 5/2/14 to 10/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pamelor 10mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM, Chapter: 7, page 127, Independent Medical Examinations and Consultations

Decision rationale: This patient presents with left upper extremity pain. The treater has asked for 2 monthly follow-up visits with a pain medicine specialist to be seen one times a month but the requesting progress report is not included in the provided documentation. Regarding follow-up visits, ACOEM states the frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a midlevel practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified- or full-duty work if the patient has returned to work. Follow-up by a physician can occur when a change in duty status is anticipated (modified, increased, or full duty) or at least once a week if the patient is missing work. Referral to a psychiatrist for medicine therapy in this case, the patient has had 8 office visits from 5/2/14 to 10/15/14, with ongoing left arm pain. The requested 1-2 monthly follow ups one times a month appears reasonable for patient's chronic pain condition. Treatment is medically necessary and appropriate.