

Case Number:	CM14-0026022		
Date Assigned:	06/13/2014	Date of Injury:	11/10/2011
Decision Date:	07/21/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/28/2014

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 51 year old male with an injury date of 11/10/11. Based on the 01/07/14 progress report provide by [REDACTED], the patient complains of pain and discomfort of his right elbow. There is radiating pain from his elbow into his forearm to his hand to his fingers and thumb, which is also accompanied with numbness and tingling. The patient had a revision of the right cubital tunnel release on 12/09/13. [REDACTED] is requesting for a pain management follow up visit after sympathetic ganglion blocks. The utilization review determination being challenged is dated 02/07/14 and there was no rationale provided. [REDACTED] is the requesting provider and provided one treatment report from 01/07/14.

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 AFTER SYMPATHETIC GANGLION BLOCKS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127.

Decision rationale: According to the 01/07/14 report by [REDACTED], the patient presents with pain and discomfort in his right elbow. The request is for a pain management follow up visit after sympathetic ganglion blocks. ACOEM page 127 states "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." ACOEM supports specialty consultation and the patient should be allowed pain management follow up to address the persistent and chronic pain. The request is medically necessary.