

Case Number:	CM14-0039733		
Date Assigned:	07/07/2014	Date of Injury:	05/10/2012
Decision Date:	10/14/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/04/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 46-year-old female who reported an injury due to continuous trauma on 05/10/2012. On 01/13/2014, in a pain management progress note, her complaints included low back pain radiating into the right lower extremity with associated numbness, rated 4/10, and decreasing to 1/10 with the use of medications. She also complained of neck pain radiating to the left upper extremity and bilateral knee pain. She also complained of left shoulder pain and bilateral hand pain. Her diagnoses included lumbar sprain/strain, lumbar radiculopathy, cervical sprain/strain, cervical radiculopathy, knee sprain/strain, shoulder sprain/strain, hand sprain/strain, rotator cuff syndrome, and insomnia. Her treatment plan included oral medications, topical compound creams, and a nerve conduction study of the bilateral upper extremities. On 01/14/2014, the recommendation was to have a follow-up visit with her pain management specialist. On 02/11/2014, her complaints remained consistent and the recommendation was unchanged. On 02/24/2014 at a follow-up visit with her pain management specialist, she received 4 trigger point injections to the paralumbar muscles and a Toradol injection. The progress note revealed that a few minutes after the injections, this worker reported 50% pain relief and increased lumbar range of motion. On 03/04/2014, her complaints included neck pain, left shoulder, left wrist, low back, bilateral knees, and bilateral feet pain. Her treatment plan and recommendation included a follow-up visit with her pain management specialist. On 04/01/2014, her complaints, treatment plan and recommendations remained the same. There was no rationale included in this injured worker's chart. A Request for Authorization dated 03/04/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit with a pain management specialist (left shoulder, bilateral knees): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation (ODG-TWC) Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 77-89..

Decision rationale: The request for Follow up visit with a pain management specialist (left shoulder, bilateral knees) is not medically necessary. The California ACOEM Guidelines recommend that under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative, evidence based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously select and refer to specialist who will support functional recovery, as well as provide expert medical recommendations. This injured worker's low back was addressed with trigger point injections and a Toradol injection at her pain management clinic. There was no documentation of any visits after the noted injections. There was no mention of left shoulder or bilateral knee pain in the notes provided by the pain management clinic. There was no evidence of failed trials of conservative treatment including antidepressants, anticonvulsants, opioid medications, acupuncture, or physical therapy. The need for a follow-up visit for left shoulder and bilateral knees was not clearly demonstrated in the submitted documentation. Therefore, this request for Follow up visit with a pain management specialist (left shoulder, bilateral knees) is not medically necessary.