

Case Number:	CM14-0051733		
Date Assigned:	06/23/2014	Date of Injury:	12/18/1993
Decision Date:	07/22/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/20/2014

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 Occupational 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:

The claimant injured his cervical spine on 12/18/93 and has a diagnosis of cervical spondylosis. A pain management consultation and 12 treatment sessions have been recommended. The claimant has been treated for cervical spondylosis without myelopathy, spondylosis, ulnar nerve lesion, mononeuritis of the upper limb with mononeuritis multiplex, and osteoarthritis of the wrist bilaterally. He saw [REDACTED] on 01/15/14 and reported benefit from capsaicin cream. His pain level was 5/10. He had decreased range of motion of the cervical spine and bilateral wrists. He had been on Norco for many years with no evidence of abuse or escalating doses and remained functional with his daily activities. He did not tolerate anti-inflammatories due to gastritis and tried gabapentin but it caused cognitive changes. He did not tolerate weaning of the opiate medication and a pain management specialist was requested to assist in weaning his medications. The specific nature of the 12 additional treatment was not addressed. 1 pain management consultation was recommended but the 12 associated treatment sessions are not certified. This request is under appeal. [REDACTED] stated on 01/15/14 that they would continue to coordinate pain management with Kaiser. She prescribes the breakthrough pain medications and they (Kaiser) prescribed the long-acting once. The claimant wasn't using Norco at that time. There is no mention of long-acting medications. One of the notes indicates that the claimant was on MS Contin. He saw [REDACTED] for an initial pain management consultation on 04/04/14 and complained of "chronic progressive pain in his neck, back, both shoulders, elbows, wrists, and hands. His injury was work-related repetitive strain. He has had multiple evaluations over time. His pain was 90% and bilateral arm pain was 10%. He was taking MS ER at that time. No other medications were mentioned. He had tenderness about the neck, back, shoulders, elbows, wrists with fairly good range of motion. Urine tox screen was positive for opiates. He stated PT and chiropractic gave him moderate pain relief. Exercise and TENS unit were helpful.

Cervical steroid injections also gave him mild pain relief. He had a steroid injection to his shoulder gave him moderate pain relief. He had had multiple surgeries. He stated that Norco helped during flareups of his pain. He was approved for a one-time consultation with [REDACTED]. Cervical epidural steroid injection was recommended. Medial branch nerve blocks were also under consideration. Injections to the shoulders and left wrist and cognitive behavioral therapy were recommended. He was prescribed Norco and also trazodone for sleep. On 04/07/14, [REDACTED] stated that she was recommending referral to pain management to assist with weaning his medications and for advice on a pharmacologic pain management strategy. She stated he tolerated his medications over the long-term without escalating doses and without any problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pain management consultation and 12 treatment sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Management Specialist (Programs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Independent Medical Examinations and Consultations, Chapter 7, page 127.

Decision rationale: The history and documentation do not objectively support the request for a pain management consultation and 12 pain management visits. The California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) Chapter 7 states "If a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment. There are two types of these examination referrals - the consultation and the independent medical examination (IME): Consultation: A consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant is usually requested to act in an advisory capacity, but may sometimes take full responsibility for investigating and/or treating a patient within the doctor-patient relationship." It is not clear why 12 visits are necessary for a consultant. [REDACTED] has made a number of recommendations but is not taking over care of the claimant as [REDACTED] remains involved. The claimant may need follow up with pain management but this depends on his compliance with and response to recommendations and treatment that he receives from [REDACTED]. Each visit should have a specific purpose and this has not been documented. The medical necessity of a consultation and 12 visits has not been clearly demonstrated.