

Case Number:	CM14-0057566		
Date Assigned:	07/09/2014	Date of Injury:	09/25/2007
Decision Date:	08/21/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	04/28/2014

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 Occupational Medicine and is licensed to practice in Occupational Medicine. 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 applicant is a represented [REDACTED] employee who has filed a claim for wrist, elbow, and neck pain associated with an industrial injury of September 25, 2007. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, opioid therapy, and medical marijuana usage. In an April 18, 2014, progress note, the applicant presented with 4-7/10 neck pain radiating to the bilateral hands and arms. The applicant apparently was ingesting marijuana-containing brownies. The attending provider stated that he would discontinue the applicant from Norco owing to the fact that she was concurrently using marijuana. The applicant maintained that this ingestion was accidental. The applicant was using Ativan, Flexeril, Lidoderm, Norco, and topical Voltaren. A three-week weaning schedule of Norco was furnished. On February 5, 2014, the applicant was described as off work owing to a flare of neck pain radiating to the bilateral arms. The applicant stated that a combative 92-year-old individual had struck her arm and that she developed worsening of neck pain radiating to the same. The attending provider filled out the applicant's form for State Disability Insurance. A referral to a neurologist was endorsed to evaluate for possible carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurology Evaluation for EMG/NCS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which proved recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist's evaluation is necessary. In this case, the applicant has multifocal pain complaints. The applicant is off work. The applicant has neck pain radiating to the arms. The attending provider has invoked some suspicion of carpal tunnel syndrome. The applicant is also having issues with possible marijuana misuse. Obtaining the added expertise of a physician in another specialty, such as a neurologist, would be invaluable, for all the stated reasons. Therefore, the request is medically necessary.