

Case Number:	CM14-0186182		
Date Assigned:	12/02/2014	Date of Injury:	10/30/2010
Decision Date:	01/13/2015	UR Denial Date:	09/29/2014
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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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:

Patient is a 53-year-old right-handed dominant male presenting with work-related injury occurring between October 30, 2009 and October 30, 2010. The patient was diagnosed with probable cervical myelopathy, cervical discopathy with stenosis, thoracic strain, lumbar disc structure, bilateral shoulder strain, bilateral cubital tunnel syndrome, bilateral carpal tunnel syndrome, bilateral hip pain, bilateral knee strain and bilateral ankle/foot strain as well as anxiety and depression. MRI of the right hand on February 3, 2011 showed no abnormalities. MRI of the right wrist on February 3, 2011 revealed multiple small cysts in the proximal aspect of the Capitate and Harnate bones and a few small tiny services also seen in the base of the navicular bone. MRI of the cervical spine on March 7, 2013 revealed at C3 - 4 mild desiccation with and tears for; C4 - 5 was with mild narrowing; moderately severe central canal stenosis with severe cord compression and central cord edema; at C5 to C6 there was moderate narrowing and desiccation with and tears for; and C67 there was moderately severe narrowing and desiccation with cheers for the 3 mm bulge posterior central and right lateral. EMG nerve conduction studies on December 26, 2013 revealed evidence of severe bilateral carpal tunnel syndrome affecting sensory and motor components as well evidence of mild acute L5 radiculopathy on the right, and bilateral cubital tunnel syndrome severe on the right and mild on the left. On January 7, 2014 the physical exam was significant for cervical spine tenderness with decreased range of motion; positive Spurling" right greater than left; decreased right C5 - 6 sensation and positive atrophy of the thenar eminence; and antalgic using a rolling walker. The patient's medications included ibuprofen, Voltaren gel, hydrocodone/acetaminophen, and analgesic powders. A request was made for follow-up office visit with [REDACTED] Pain Medicine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up office visit with [REDACTED], Pain Medicine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page 92, 127

Decision rationale: Follow-up office visit with [REDACTED], Pain Medicine is not medically necessary. Per CA MTUS ACOEM guidelines page 92 "referral may be appropriate if the practitioner is uncomfortable with the line of care, was treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to treatment plan..." Page 127 of the same guidelines states, "the occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment may also be useful and avoiding potential conflicts of interest when analyzing causation or prognosis, degree of impairment or work capacity requires clarification. A referral may be for: (1) consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee for patient. (2) Independent medical examination (IME): To provide medical legal documentation of fact, analysis, and well-reasoned opinion, sometimes including analysis of causality. The claimant's last visit did not indicate any of the above issues; therefore, the requested service is not medically necessary.