

Case Number:	CM14-0186221		
Date Assigned:	11/14/2014	Date of Injury:	04/22/2014
Decision Date:	01/23/2015	UR Denial Date:	10/20/2014
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 Medicine and is licensed to practice in Texas. 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 54 year old female who sustained a work related injury April 22, 2014. While driving an 18 wheeler, the steering locked suddenly and she experienced right and left wrist/hand pain with radiation to fingertips and lumbar strain/sprain. Initial treatment consisted of; braces, x-rays, ibuprofen, Tylenol with codeine and return to work with light duty. Past medical history included a diagnosis of carpal tunnel syndrome fourteen years ago and right and left breast surgery not specified. On July 11, 2014, on initial examination, the chiropractor report documents the injured worker presented with complaints of mild to moderate periodic pain in both arms described as needle like, stabbing, sharp dull and sudden in nature. The pain is rated 5-6/10 and interferes with activities of daily living. Pain is also present into the right and left fingertips that is in a median nerve distribution. Examination of the wrist/hand right and left reveals; tenderness about the wrists and into the anterior forearm musculature; muscle guarding and spasm is noted in the anterior forearm musculature bilaterally; loss of joint motion with motion palpation of the bilateral wrist, and ranges of motion restricted. Prone upper extremity push-up reproduces pain in the right hand/wrist; Tinel's and Phalen's test are positive with numbness and tingling in the median and ulnar nerve distribution bilaterally. The patient was also noted to have associated motor weakness and decreased range of motion in the affected extremities. Diagnoses are documented as; right and left wrist sprain/strain, right and left carpal tunnel syndrome rule out cubital tunnel syndrome, and myalgia and myositis unspecified. Treatment plan included chiropractic / physical therapy, referral to medical and orthopedic physicians, EMG/NCV, and x-rays. Work status is documented as return to work with restrictions; limited push pull and lift and lift/carry no more than 15 pounds, for no more than 8 hours. Work status reports dated July 31 and August 11, 2014, reveals the same status as July 11, 2014. According to utilization review performed October 20, 2014, the need for orthopedic

and pain management consultations for both the low back and wrists/hands are not certified as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management consult for the low back and both hands/wrist: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 87-89.

Decision rationale: The CA MTUS and the ODG guidelines recommend that chronic pain patient can be referred for specialist evaluation and management when the diagnosis is complex or additional expertise will be beneficial in the management. The records indicate that the primary treating provider is a chiropractic doctor. The patient had completed PT and chiropractic treatments. There is documentation of subjective and objective findings of neurological deficits that have not resolved with conservative treatment with PT and medications. The criteria for Pain Management Consult for low back and hands/wrists was met. The request is medically necessary.