

<b>Case Number:</b>	CM14-0202205		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	10/23/2008
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional spine 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 patient is a 63 year old female with an injury date on 10/23/08. The patient complains of cervical pain with radiculitis, right elbow pain, bilateral wrist/hand pain, and low lumbar pain with sciatica per 10/24/14 AME report. The neck pain is across entire posterior aspect, and radiates into bilateral upper extremities with numbness/tingling, and headaches per 10/24/14 report. The bilateral wrist/hand pain is stiff with swelling and feelings of weakness and giving way at times per 10/24/14 report. The low lumbar pain radiates into bilateral lower extremities, with numbness/tingling, but no weakness per 10/24/14 report. Based on the 10/24/14 AME report provided by the treating physician, the diagnoses are: 1. cervical syndrome with radiculopathy 2. right elbow sprain 3. s/p right carpal tunnel decompressive surgery 4/2/09 4. s/p left carpal tunnel decompressive surgery, 10/6/09 5. lumbosacral syndrome with sciatica A physical exam on 10/24/14 showed "bilateral wrist range of motion is decreased by 7 degrees on right, 6 degrees on the left in dorsiflexion. C-spine range of motion is limited by all planes, especially bilateral lateral bending by 9 degrees. L-spine range of motion is full except flexion limited by 7 degrees on the right." The patient's treatment history includes medications, cognitive behavioral psychotherapy, carpal tunnel release (bilateral), TENS unit, electrodiagnostic studies of upper extremities, sleep studies, cryotherapy, massage, physical therapy. The treating physician is requesting pain management consultation. The utilization review determination being challenged is dated 11/11/14 and denies request due to. The requesting physician provided treatment reports from 10/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd Edition Chapter 7- Independent Medical Examinations and Consultations

**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) ACOEM; 2nd Edition, (2004) ACOEM guidelines, Chapter 7, page 127

**Decision rationale:** This patient presents with neck pain, right elbow pain, bilateral wrist/hand pain, and lower back pain. The treater has asked for pain management consultation but the requesting progress report is not included in the provided documentation. Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient has a chronic pain condition. The treater has requested a consultation to pain management which has the potential to move this case forward per ACOEM guidelines. The requested consultation is medically necessary.