

<b>Case Number:</b>	CM14-0204698		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	10/07/2010
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Internal 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 injured worker (IW) is a 53-year-old woman with a date of injury of October 7, 2010. The mechanism of injury is documented as a cumulative trauma. The injured worker's working diagnoses are cervical spine, history of fusion C5 to C7, with spinal stenosis; cervical spine, bilateral C6 and C7 radiculopathy; bilateral shoulder impingement syndrome with tendinitis; and right wrist/hand carpal tunnel syndrome, status post carpal tunnel release. The documentation from August 2014 progress note indicates the IW is taking Lexapro, Celebrex, Neurontin, Norco and Zofran. The September 2014 progress note states the IW is taking Percocet. No other medications are listed. In an October 2014 progress note, the IW was taking Neurontin. In a November 2014 progress note the IW is taking Dilaudid. There are no other medications listed. The documentation is unclear as to what medications are being used on a monthly basis with follow-up. The documentation lacks specifics regarding pain location severity and duration. A comprehensive list of monthly medications including the dosing of medications is missing from the documentation. Pursuant to the progress note dated November 19, 2014, the IW presents regarding a painful condition about the neck, bilateral shoulders, and right wrist. She is status post cervical fusion at C5-C7, and status post bilateral carpal tunnel release, as well as Guyon's canal release. She reports recent severe spasm to her neck with constant numbness to her bilateral upper extremities, along with weakness. Examination of the cervical spine reveals a well-healed surgical scar anteriorly. There are spasms about the bilateral trapezial area. There is paraspinal tenderness with palpation. Examination of the shoulders reveals tenderness about the AC joints bilaterally. Neer's sign, and Hawkin's sign are positive bilaterally. Bilateral shoulder range of motion is normal. Inspection of the right wrist reveals well-healed surgical incisional sites. There is tenderness present over the incisional sites bilaterally. Tinel's sign is positive.

Phalen's test is positive. Upper limb motor exam is 5/5 in all planes. Deep tendon reflexes are normal. The treating physician is requesting a pain management consultation/treatment.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Pain management consultation/treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations, page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Office Visit and on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Consultations, Chapter 7, page 127

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, pain management consultation/treatment is not medically necessary. Consultations are designed to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and or the examinee's fitness return to work. Consultant is usually asked to act in an advisory capacity but may take the responsibility for treatment of the patient. In this case, the injured worker's working diagnoses are cervical spine, history of fusion to C5 - C7 with spinal stenosis; cervical spine, bilateral C6 and C7 radiculopathy; bilateral shoulder, impingement syndrome with tendinitis; and right wrist/hand, carpal tunnel syndrome, status post carpal tunnel release. The documentation from August 2014 progress indicates the injured worker is taking Lexapro, Celebrex, Neurontin, Norco and Zofran. A September 2014 progress note states the injured worker is taking Percocet. No other medications are listed. In an October 2014 progress note the worker is taking Neurontin. In a November 2014 progress note the injured worker is taking Dilaudid. There are no other medications listed. The documentation is unclear as to what medications are being used on a monthly basis. The documentation lacks specifics regarding pain location severity and duration. A comprehensive list of monthly medications including the dosing of medications (narcotics, AEDs, etc.) is missing from the documentation. The utilization review indicates this additional information was requested but no response was received. Further review of the medical record does not contain the additional information. Consequently, absent the clinical information required to make an informed decision as to whether consultation is required, pain management consultation treatment is not medically necessary.