

Case Number:	CM14-0212070		
Date Assigned:	01/02/2015	Date of Injury:	05/14/2011
Decision Date:	04/09/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 43-year-old female, who sustained an industrial injury on 5/14/11. On 12/18/14, the injured worker submitted an application for IMR for review of 1 pain management consultation and treatment between 10/2/2014 and 1/17/2015., and Unknown general orthopedic follow ups for carpal tunnel between 10/2/2014 and 1/17/2015. The treating provider has reported the injured worker complained of ongoing neck and low back pain with radiculopathy to the bilateral upper and right lower extremity. The injured worker report that the pain also disrupts sleep but significant improvement with medications and physical therapy. The diagnoses have included cervicocranial syndrome; bilateral carpal tunnel syndrome. Treatment to date has included acupuncture; physical therapy; bracing; epidural steroid injections (1/9/14); medications. Diagnostics include a MRI cervical spine (8/9/11 and 7/28/14); MRI lumbar spine (7/12/12 and 7/28/14); EMG/NCS bilateral upper extremities (4/24/14). On 11/20/14 Utilization Review MODIFIED to 1 pain management consultation between 10/2/2014 and 1/17/2015., and 1 general orthopedic follow ups for carpal tunnel between 10/2/2014 and 1/17/2015. The ACOEM and ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pain management consultation and treatment between 10/2/2014 and 1/17/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, page 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, one pain management consultation and treatment between October 2, 2014 and January 17, 2015. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are multilevel HNPs of the cervical, thoracic and lumbar spine stenosis; cervical and lumbar radiculopathy; history of stress incontinence; and depression and stress. Subjectively, the injured worker has persistent ongoing pain in the neck, mid and low back. The injured worker is currently receiving ongoing physical therapy for right shoulder complaints. She has undergone epidural steroid injection, 24 sessions of acupuncture with significant pain relief, and six sessions of physical therapy to the right shoulder. There have been no treatments to the neck and lower back at this time. Despite temporary improvement of pain with conservative care including chiropractic treatment acupuncture and physical therapy, the injured worker's chronic pain has persisted. The treating physician has requested a pain management consultation with the transfer of medication accountability and analysis to the pain management consultant. Notwithstanding a referral for consultation, the treatment component of the request should only be considered upon completion of the initial evaluation with an outline and the treatment plan provided. Consequently, absent compelling clinical documentation to support both prongs of the request for pain management consultation and treatment, one pain management consultation and treatment between October 2, 2014 and January 17, 2015 is not medically necessary.

Unknown general orthopedic follow ups for carpal tunnel between 10/2/2014 and 1/17/2015: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): CH 10, PG 33 AND CH 11, PG 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 visits.

Decision rationale: Pursuant to the Official Disability Guidelines, unknown general orthopedic follow-ups for carpal tunnel syndrome date of service October 2, 2014 to January 17, 2015 is not medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. In this case, the injured worker's working diagnoses are multilevel HNPs of the cervical, thoracic and lumbar spine stenosis; cervical and lumbar radiculopathy; history of stress incontinence; and depression and stress. The documentation indicates the injured worker is following with an orthopedic surgeon for carpal tunnel syndrome. Carpal tunnel syndrome, however, does not appear in the list of diagnoses. There is no clinical indication or rationale for an unknown number of follow-up visits to the orthopedic surgeon. The need for clinical office visit (follow-up) is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. This determination is made at the time the physician is evaluating the injured worker. Consequently, absent compelling clinical documentation to support an unknown number of follow-up visits, unknown general orthopedic follow-ups for carpal tunnel syndrome date of service October 2, 2014 to January 17, 2015 is not medically necessary.