

<b>Case Number:</b>	CM15-0006238		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	11/27/2012
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: Maryland, District of Columbia  
 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:

This 39 year old female suffered an industrial injury via cumulative trauma on 11/27/12 with subsequent ongoing neck and bilateral hand and wrist pain. In a PR-2 dated 12/2/14, the injured worker complained of pain 7-9/10 on the visual analog scale in the neck, upper back, low back, left shoulder and right ankle. Physical exam was remarkable for tenderness to palpation to the neck, lumbar paraspinal area bilaterally and over the right calcaneal fibular ligament and lateral malleolus. Left elbow exam showed positive Tinel's test and positive impingement signs with numbness. Current diagnoses included headache, unspecified musculoskeletal disorders of the neck, brachial neuritis or radiculitis, lumbago, thoracic or lumbosacral neuritis or radiculitis and tarsal tunnel syndrome. The injured worker was not working. The treatment plan included continuing medications and physical therapy, pending acupuncture, performing a drug screen and referring to pain management based on positive magnetic resonance imaging results of the lumbar spine. On 12/9/14, Utilization Review noncertified a request for evaluation and treatment. No guidelines were cited. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Evaluation and Treatment:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

**Decision rationale:** The employee was a 39 year old female who sustained work injury due to cumulative trauma and was being treated for headache, radiculitis of neck, lumbosacral region, tendonitis of shoulder, bilateral hand and wrist pain. She was not working. Prior treatment included physical therapy and medications. Based on positive MRI of lumbar spine, she was referred to pain management. The request was for evaluation and treatment as well as acupuncture sessions. The denial was based on the assumption that the evaluation and treatment was for acupuncture. The progress notes rather has a consultation for pain management in the plan of care. According to MTUS, Chronic Pain Medical Treatment guidelines a persistent complaint should lead a primary treating provider to reconsider the diagnosis and decide whether a specialist consultation is necessary. In this case, the employee had multiple ongoing symptoms. She had been evaluated and treated conservatively and continued to have pain. She reportedly had an MRI that also had positive findings. Given the ongoing pain despite treatment, the request for evaluation and treatment by pain management is necessary and appropriate.