

Case Number:	CM15-0008650		
Date Assigned:	01/26/2015	Date of Injury:	11/28/2012
Decision Date:	03/17/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/15/2015

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: 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 47 year old female, who sustained an industrial injury on 11/28/2012. The diagnoses have included chronic left hand pain with left wrist sprain, chronic right hand pain with right wrist sprain, chronic bilateral upper extremity pain including elbows and shoulders, chronic cervical myofascial pain, chronic thoracic myofascial pain, chronic lumbar back pain, and chronic polyarthralgia of the lower extremities. Treatment to date has included medications including Norco with which she reports improved functioning. Currently, the IW complains of headaches, jaw pain, neck and upper and lower back pain. She reports temporary relief and increased function from medications. She reports pain in both wrists and left heel. Objective findings included right wrist and forearm tenderness. There is right medical and lateral epicondylar tenderness. There is bilateral shoulder tenderness. There is decreased range of motion to the bilateral shoulders. There is bilateral rotator cuff tenderness. There is bilateral supraspinatus and infraspinatus tenderness. There is decreased range of motion of the neck. On 1/02/2015, Utilization Review non-certified a request for a pain management consultation, noting that the clinical findings do not support the medical necessity of the treatment. This is a duplicate request previously denied. Non-MTUS sources were cited. On 1/15/2015, the injured worker submitted an application for IMR for review of one pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) pain management consultation: 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 Pain section, Office visit

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, one pain management consultation is not medically necessary. The guidelines state the occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, and psychosocial factors are present, when the plan or course of care may benefit from additional expertise. The consultation is designed to aid in the diagnosis, prognosis and therapeutic regimen of the patient/injured worker. The need for clinical office visit with a healthcare provider is individualized based upon review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. In this case, injured worker's working diagnoses are chronic left hand pain with left wrist sprain, probable DJD; chronic right hand pain with right wrist sprain, probable DJD; chronic bilateral upper extremity pain including bilateral medial and lateral epicondylitis and bilateral shoulder pain; chronic cervical myofascial pain; chronic thoracic myofascial pain; chronic lumbar back pain with lumbar MRI scan from June 4, 2013 showing an L1-L2 disc protrusion and L5-S1 disc protrusion; chronic polyarthralgias in the lower extremities with pain in both legs of unknown etiology possibly related to her lumbar injury; hypercholesterolemia, treated on a non-industrial basis elsewhere; dyspepsia secondary to medications taken for her work related injury in the past chronic left TMJ syndrome; cervicogenic/TMJ-related headaches with migrainous component; and anxiety related to chronic pain. Subjectively, the injured worker complains of neck pain, headache and jaw pain. She complains of pain in both hands, wrists, elbows, and shoulder. She is still having heel pain. Objectively, there is tenderness and small joint bilateral hands, medial and lateral condyle bilaterally and rotator cuff. Range of motion about the shoulders decreased. There is parathoracic tenderness from T1 through T12 through L1. There is paralumbar tenderness from L1 to L5 - S1 thoracic and lumbar spasms are present. There is tenderness in both knees and both heels. There is bilateral TMJ tenderness. The treating physician documents in the record the injured worker has multiple complaints in and about the neck and upper extremities and heel. Similarly, there are objective physical findings noted in or about the hands bilaterally, the elbows bilaterally and the shoulder (rotator cuff). There is tenderness in and about the thoracic and lumbar spine with muscle spasms. The treating physician did not indicate whether the symptoms have worsened or remain the same. There is no clinical indication or rationale noted medical record for a pain management consultation. There is no discussion in the record about how consultant may aid in the diagnosis or therapeutic regimen of the injured worker. Consequently, absent clinical documentation supporting a pain management consultation, one pain management consultation is not medically necessary.