

Case Number:	CM15-0106647		
Date Assigned:	06/11/2015	Date of Injury:	04/18/2008
Decision Date:	07/15/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/02/2015

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 32 year old male who sustained a work related injury April 18, 2008, described as cumulative trauma injuries to his cervical spine, lumbar spine, shoulders, left hand and pinky finger, left hand. Past history included revision surgery L5-S1 with foraminotomy, discectomy, scar resection and decompression, December 2009, surgery to left hand pinky and index finger and fracture right hand. He consumes alcohol daily, since the age of 21. According to a primary orthopedic treating physician's evaluation, dated May 14, 2015, the injured worker presented with complaints of pain in his cervical spine, lumbar spine, bilateral shoulder, left hand and pinky finger of the left hand. The cervical pain, rated 8/10, radiates proximally to his upper back and bilateral shoulder and bilateral arms and hands, associated with numbness and tingling, locking popping and weakness. The lumbar pain, rated 9/10 is constant and radiates to his bilateral legs, feet and upper back and shoulders, with numbness, tingling, locking, popping, and weakness. The right shoulder pain, rated 8-9/10 is constant and radiates to the neck and head and left shoulder pain, rated 7/10. The left hand left pinky and left index finger pain, rated 8/10, is constant with radiation to the hands, fingers, wrist and forearm. Diagnoses are s/p lumbar surgery x 3 last occurring 2012; s/p left wrist and hand surgery; bilateral shoulder impingement; cervical and thoracic chronic sprain/strain. At issue, is the request for authorization for a pain management consultation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 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 ACOEM Chapter 7, Independent Medical Examinations and Consultations, Page 127.

Decision rationale: Pursuant to the ACOEM, pain management consultation and treatment is not medically necessary. 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 status post lumbar surgery times three; status post left wrist/hand for patient history; bilateral shoulder impingement clinically; CT chronic sprain/strain clinically. According to a May 14, 2015 progress note, the injured worker presented to a new provider. At the time of the request for a pain management consultation and treatment, the requesting provider did not have the medical records and did not review medical records. The treating provider's plan was to review the medical records to assess past treatment. Referral to a pain management specialist is premature prior to reviewing the entire medical record. Additionally, after review of the medical records, a consultation may be appropriate, but it is not possible to know what treatment may be anticipated until consultation is completed. Consequently, absent all clinical documentation with a review of medical records with a review of those medical records, pain management consultation and treatment is not medically necessary.