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| <b>Case Number:</b>   | CM15-0131916 |                              |            |
| <b>Date Assigned:</b> | 07/20/2015   | <b>Date of Injury:</b>       | 09/14/2011 |
| <b>Decision Date:</b> | 08/14/2015   | <b>UR Denial Date:</b>       | 06/18/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/08/2015 |

### 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

Certification(s)/Specialty: Emergency 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 (IW) is a 55-year-old male who sustained an industrial injury on 09/14/2011. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having left cubital tunnel syndrome, and left lateral epicondylitis, cervical radiculopathy, neuritis not otherwise specified, pain in the neck, displacement of disc without myelopathy. Treatment to date has included left ulnar nerve surgery (12/2014), and an anterior cervical discectomy and fusion (ACDF C5 to C7) with instrumentation (04/2012) (with neck pain greater on the left post surgery), C6-7 foraminotomy (08/2014). In the exam of 05/19/2015, the injured worker complains of multiple peripheral neuropathies. The cervical and arm pain is stabbing and numbing with an average pain level of 6-7 on a scale of 1-10, pain without meds is a 6-7 on a scale of 1-10, with pain medications it is a 5-6 on a scale of 1-10. The pain is improved by 30% with pain medications Baclofen and Percocet and it makes him feel drugged and sleepy. He also complains of back pain that radiates down his legs. On physical exam, the worker has a non-antalgic gait and can heel and toe walk normally. His neck wound is almost completely healed and has no ecchymosis or edema. The pericervical area has tenderness. Paraspinal muscle tone is normal. Sensation is slightly decreased in the bilateral forearms. There is paresthesia of the left thumb and middle fingers. The plan of care is for no further surgery or medication to be recommended except spine injection. A request for authorization was made for the following: Follow up Consultation, six visits, for the left elbow.

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

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

**Follow Up Consultation, six visits, for the left elbow:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation.

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

**Decision rationale:** The requested Follow up Consultation, six visits, for the left elbow, is medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states, "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has cervical and arm pain that is stabbing and numbing with an average pain level of 6-7 on a scale of 1-10, pain without meds is a 6-7 on a scale of 1-10, with pain medications it is a 5-6 on a scale of 1-10. The pain is improved by 30% with pain medications Baclofen and Percocet and it makes him feel drugged and sleepy. He also complains of back pain that radiates down his legs. On physical exam, the worker has a non-antalgic gait and can heel and toe walk normally. His neck wound is almost completely healed and has no ecchymosis or edema. The pericervical area has tenderness. Paraspinal muscle tone is normal. Sensation is slightly decreased in the bilateral forearms. There is paresthesia of the left thumb and middle fingers. The treating physician has documented persistent symptoms and exam findings to the elbow. The criteria noted above having been met, Follow Up Consultation, six visits, for the left elbow is medically necessary.