

<b>Case Number:</b>	CM15-0143012		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	10/18/2011
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 62 year old male sustained an industrial injury on 10-18-11. He subsequently reported right hand pain. Diagnoses include neuropathic pain in hand and complex regional pain syndrome of the upper limb. Treatments to date include MRI and x-ray testing, surgery, physical therapy and prescription pain medications. The injured worker continues to experience right wrist pain. Upon examination, hyperalgesia was present on the right wrist compared to the left. Swelling was present on the dorsum of the hand. A request for Follow up consultation with pain management for the right hand was made by the treating physician. Notes indicate that the patient has certification for a follow-up visit on June 26, 2015. Additionally, it appears the patient has seen pain management in May 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up consultation with pain management for the right hand: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction 1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain/Office visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127, Other Medical Treatment Guideline or Medical Evidence: State of Colorado, Chronic Pain Disorder Medical Treatment Guidelines, Exhibit Page Number 52.

**Decision rationale:** Regarding the request for referral to pain management for consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it is unclear exactly why pain management consultation is being requested as the patient has already had a pain management consultation. As such, the currently requested referral to pain management for consultation is not medically necessary.