

<b>Case Number:</b>	CM15-0167820		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	10/04/2012
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 37 year old male, who sustained an industrial injury on 10-4-2012. He reported pain in his right wrist and hand. Diagnoses have included bilateral wrist pain, right DeQuervain's tenosynovitis, right carpal tunnel syndrome status post-carpal tunnel release and rule out complex regional pain syndrome right hand-wrist. Treatment to date has included x-rays, magnetic resonance imaging, surgery, physical therapy, bracing and medication. According to the progress report dated 7-15-2015, the injured worker complained of pain in his bilateral wrists and hands. He rated the right hand-wrist pain at 7-8 out of 10. The pain radiated from his right wrist to his right elbow. He rated the left wrist pain as 5-6 out of 10. Exam of the right wrist and hand revealed tenderness over the radial styloid and palm. There was pain with range of motion. Exam of the left wrist and hand revealed tenderness about the wrist. Authorization was requested for ongoing treatment with pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ongoing treatment with pain management:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Chronic pain programs, early intervention Page(s): 32-33.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. The patient developed chronic wrist pain for which he was treated with surgery, pain medications and physical therapy. The patient has a previous pain management evaluation. However, there is no documentation of the evaluation recommendation and the treatment used by the patient. There is no clear documentation that the patient needs another pain management evaluation as per MTUS criteria. There is no clear documentation that the patient had delayed recovery or a response to medications that falls outside the established norm. The provider did not document the reasons, the specific goals and end point for using the expertise of a pain management specialist without clear documentation of the outcome of the previous visit. Therefore, the request for ongoing treatment with pain management is not medically necessary.