

<b>Case Number:</b>	CM15-0195841		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	01/01/1999
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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 is a 48 year old female with a date of injury on 01-01-1999. The injured worker is undergoing treatment for status post L5-S1 posterior interbody fusion with residual pain and bilateral lower extremity radiculitis, left S1 radiculitis, cervical spine sprain-strain, status post cervical discectomy and disc replacement and bilateral carpal tunnel syndrome. A physician note dated 07-08-2015 documents there has been no change since 06-10-2015 visit. Cervical spine pain is rated at 8 out of 10 with radiation to her bilateral upper extremities. Her bilateral wrist pain is rated 8-9 out of 10 and she has elbow pain radiating to her wrists with numbness and tingling in her 4th and 5th digits. Her lumbar spine pain is rated 8 out of 10 and radiates to her bilateral lower extremities with numbness and tingling. A physician progress note dated 08-19-2015 documents the injured worker has complaints of cervical pain with bilateral upper extremity radiation and numbness, tingling and weakness that she rates at 8.5 out of 10. She has bilateral wrist pain with numbness and tingling. She has a positive Tinel and Phalen, with weakness, decreased grasp and difficulty driving. The pain radiates to her elbows. Cortisone injections to wrists are mildly helpful. She rates her bilateral wrist pain 7-8 out of 10. There is lumbar pain with radiation to her bilateral lower extremities, right greater than left. She is working full duty. She received a 5th trigger point injection on 08-31-2015. Treatment to date has included diagnostic studies, medications, physical therapy, acupuncture, status post L5-S12 posterior interbody fusion and cervical discectomy and disc replacement at C3-4, Functional Restoration Program, trigger point injections, wrist injections, and psychological assessment. An Electromyography and Nerve Conduction Velocity study done on 08-03-2015 showed possible

evidence of left S1 radiculopathy. The Request for Authorization dated 08-25-2015 includes Pain management consultation for cervical and lumbar spine, for second opinion (bilateral arm, back, neck, both hips) Qty 2, and Specialist referral for bilateral wrists. On 09-01-2015 Utilization Review non-certified the request for Pain management consultation for cervical and lumbar spine, for second opinion (bilateral arm, back, neck, both hips) Qty 2, and Specialist referral for bilateral wrists

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

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

#### **Specialist referral for bilateral wrists: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Prevention, Initial Approaches to Treatment.

**Decision rationale:** As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. Patient has extensive pain related issues and has been worked up and seen multiple specialists. There is no rationale for consultation. Provider has failed to document any reason why consultation was needed. Not medically necessary.

#### **Pain management consultation for cervical and lumbar spine, for second opinion (bilateral arm, back, neck, both hips) Qty 2: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Prevention, Initial Approaches to Treatment.

**Decision rationale:** As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. Patient has extensive pain related issues and has been worked up and seen multiple specialists. There is no rationale for consultation. Provider has failed to document any reason why consultation was needed. Not medically necessary.