

Case Number:	CM15-0205111		
Date Assigned:	10/22/2015	Date of Injury:	07/20/2013
Decision Date:	12/03/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/19/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 50 year old male who sustained an industrial injury on 07/20/2013. Medical records indicated the worker was treated for a claw hand deformity of the right hand, severe right median, radial, and ulnar nerve neuropathy, and right shoulder subacromial impingement syndrome. In the provider notes of 09-30-2015 the worker complained of right hand and wrist pain, with slight numbness and tingling at night rated a 5 on a scale of 1-10. He also complains of right elbow pain and right shoulder pain, also rated a 5 on a scale of 0-10. On exam, the worker had a positive right Neer's Impingement test, positive right Hawkins Kennedy impingement tests, intrinsic weakness and clawing of the right hand with flexion contractures of the right middle, ring, and small fingers and sensory loss in the right ring and small fingers. An electromyogram-nerve conduction velocity study of the upper extremities 04-21-2014 showed severe right proximal forearm injury of the posterior, interosseous nerve, median nerve and ulnar nerve. There also was severe right median ulnar motor neuropathy, severe right radial motor neuropathy, and possible lesion in the proximal forearm. A MRI of the right forearm was normal. A MRI of the cervical spine 03-04-2015 showed multilevel loss of intervertebral disc height a disc desiccation changes C4-T4 on the sagittal T2 weighted sequences with straightening of the normal cervical lordosis. A 6.8mm disc protrusion was seen at C6-7 and a 5.8 mm disc herniation at C7-T1. The treatment plan included consultations with a spine specialist and a pain management consultation. A request for authorization was submitted for a Spine Specialist Consultation and a Pain Management Consultation. A utilization review decision 10-13-2015 non-certified both requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine Specialist Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, ch 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. In this case the claimant has persistent pain and loss of sensation in the right hand and nerve root involvement in the cervical spine as well as motor neuropathy. The request to see a spine surgeon for possible surgical intervention is appropriate.

Pain Management Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, ch 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) office guidelines and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from

additional expertise. A consultation is used to aid in diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. In this case, the claimant does have loss of sensation in the upper extremities consistent with MRI findings of nerve root encroachment. The request for a pain consult for a possible epidural is appropriate and within the guidelines for criteria for radicular symptoms and persistent pain. The request is medically necessary.