

Case Number:	CM15-0205174		
Date Assigned:	10/22/2015	Date of Injury:	04/03/2013
Decision Date:	12/10/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/20/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old female, who sustained an industrial injury on 4-3-13. The injured worker was diagnosed as having right lateral epicondylitis; cervical sprain-strain; shoulder-trapezius strain. Treatment to date has included physical therapy; right elbow injections; medications. Diagnostics studies included MRI right elbow (7-11-15). Currently, the PR-2 notes dated 9-14-15 indicated the injured worker presents for a follow-up visit for evaluation of pain in the lateral elbow, neck and shoulder. She report her right lateral elbow is still aching and has increased pain in the right neck and shoulder area. She reports she has occasional random radiation of pain into the right hand but denies right arm nocturnal paresthesia. She saw a pain management provider but would like a second opinion. She reports that in 1-2015 her office moved and she was carrying, lifting boxes, otherwise her job did not change from working behind a desk and there is no reaching overhead and notes she is right hand dominant. Currently, her medications are listed as Voltaren gel and Flexeril. On physical examination, the provider notes right elbow, no obvious deformity or swelling notes; range of motion is restricted in flexion and extension; negative Varus and Valgus. Mild tender to touch palpation over the lateral epicondyle with no tenderness over the medial epicondyle but tenderness on resisted supination, extension of 3rd finger, forearm extensors tenderness, no forearm flexor tenderness, no olecranon tenderness. Cervical spine exam reveals tenderness to palpation of cervical spinous process, paravertebral spaces, mild tenderness over the upper trapezius right and along the medial border of the scapula, range of motion unrestricted, Spurling's is negative and sensation is with normal limits. The right shoulder notes negative for

tenderness. AC joint positive posterolateral edge of acromion with restricted range of motion in abduction and flexion and external rotation and Neer and Hawkin's test are positive. A PR-2 dated 8-18-15 is titled "Initial Consult" for pain management. The provider documents "Currently, the patient complains of pain in neck, right shoulder, right arm, right elbow, right wrist and right hand. She rates the severity of the pain as a 7, but 5 at its best and 10 at its worst." His assessment notes the injured worker has completed physical therapy, acupuncture and 2 elbow injections. She has had a right elbow x-ray, MRI and EMG-NCS of the upper extremities. She has tried Tramadol which was not effective and currently taking Flexeril at bedtime and using Voltaren gel over the elbow which is not beneficial. She has had a surgical consult with recommendations for right elbow open procedure (ECRB) debridement with right proximal forearm radial tunnel release but she is not interested and would like to manage with conservative treatment. He recommends tapering and discontinue the use of Tramadol and trial Elavil for her insomnia and neuropathic pain. He recommends restarting physical therapy to include ultrasound and desensitization for the right elbow pain; repeat lateral epicondyle steroid injections every 3-6 months for pain control. The injured worker wants a second opinion pain management consult. A Request for Authorization is dated 10-20-15. A Utilization Review letter is dated 9-28-15 and non-certification for Pain Management Consult. A request for authorization has been received for Pain Management Consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment (Chapter: Chronic Pain Disorder; Section: Therapeutic Procedures, Non-Operative) 4/27/2007, pg. 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127, Consultation.

Decision rationale: The patient presents with lateral elbow, neck and shoulder pain. The current request is for Pain Management Consult. The treating physician's report dated 09/14/2015 (10C) states, "She states that her R lateral elbow is aching still and she has also increased pain in R neck and shoulder area. She states she has occasional, random radiation of pain into R hand but denies R arm nocturnal paresthesias. She saw IPM but would like to get second opinion." The ACOEM Guidelines Chapter 7 page 127 states that a health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the pain and course of care may benefit from additional expertise. In this case, the physician would like the expertise of a pain management doctor to determine the course of care for the patient. The current request is medically necessary.