

Case Number:	CM15-0217181		
Date Assigned:	11/06/2015	Date of Injury:	10/20/2011
Decision Date:	12/24/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/04/2015

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

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 male, who sustained an industrial injury on 10-20-11. Medical records indicate that the injured worker is undergoing treatment for cervical intervertebral disc displacement without myelopathy, cervical five-cervical six radiculopathy of the left upper extremity, left shoulder impingement syndrome and status-post left wrist debridement with residual deformity of the palm and hand. The injured worker is currently not working. On (10-1-15 and 7-14-15) the injured worker complained of neck pain that radiated to the left upper extremity, causing numbness in the arm and tingling in the palm and fingers. The injured worker also noted loss of grip strength and triggering of the fingers on the left hand. The pain was rated 7 out of 10 on the visual analog scale. The injured worker also noted constant, throbbing left shoulder pain. Objective findings revealed tenderness and a decreased and painful range of motion of the cervical spine. A cervical compression and maximal foraminal compression test were positive on the left. Sensation in the cervical five-cervical six nerve distribution was diminished. Left shoulder examination revealed a decreased and painful range of motion in all directions and positive orthopedic testing. Left wrist and hand examination revealed a decreased range of motion with flexion and ulnar deviation. Atrophy of the dorsum and snuff box was noted in the left hand. Treatment and evaluation to date has included medications, MRI, electromyography-nerve conduction study of the bilateral upper extremities and a comprehensive drug panel. Current medications were not provided. The Request for Authorization dated 10-13-15 is for a pain management consultation. The Utilization Review documentation dated 10-19-15 non-certified the request for a pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

Decision rationale: Based on the 10/1/15 progress report provided by the treating physician, this patient presents with neck pain radiating into left upper extremity causing numbness in left arm and tingling in left palm/fingers, rated 7/10, constant, throbbing left shoulder pain rated 7/10, and sharp left wrist pain with numbness in his left palm/fingers with triggering of fingers, rated 7- 8/10. The treater has asked for PAIN MANAGEMENT CONSULTATION on 10/1/15. The patient's diagnoses per request for authorization dated 10/13/15 are C/S HNP, C5-6 radiculopathy, impingement L shoulder, and s/p debridement L/wrist. The patient also complains of loss of grip strength per 7/14/15 report. The patient is s/p debridement of left wrist, date unspecified, with residual deformity of palm and hand per 7/14/15 report. The patient was authorized and scheduled for an orthopedic consultation on 7/16/15 per 7/14/15 report. The patient is to remain off work until 10/27/15 according to report dated 10/1/15. ACOEM, Independent Medical Examinations and Consultations, Chapter 7, page 127 states that the "occupational health practitioner may refer to other specialists 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." MTUS Guidelines, Introduction Section, page 8, under Pain Outcomes and Endpoints, regarding follow-up visits states that the treater "must monitor the patient and provide appropriate treatment recommendations." The treater is requesting a pain management consultation but does not discuss the request in the provided reports. The patient presents with persistent pain in the neck and left upper extremity. There is decreased/painful range of motion of cervical spine, left shoulder, and left wrist/hand, along with positive Neer's Hawkin's, and Yergason's on left shoulder and atrophy over the dorsum and snuff box of left hand per 10/1/15 physical exam. Utilization review letter dated 10/019/15 denied the request for a pain management consultation, stating that "there is no indication that the patient was currently taking opioid medications." Given the lack of documentation that the patient is taking opioid medications and the lack of discussion in the provided reports, the request for surgery consultation is not in accordance with guideline recommendations. Therefore, the request IS NOT medically necessary.