

Case Number:	CM15-0038771		
Date Assigned:	03/09/2015	Date of Injury:	06/20/2013
Decision Date:	04/16/2015	UR Denial Date:	02/14/2015
Priority:	Standard	Application Received:	03/02/2015

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 York, West Virginia, Pennsylvania
 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 35 year old female with an industrial injury date of 06/20/2013. The injured worker reports she was working at an ergonomically incorrect workspace for the last 2-3 years and developed bilateral carpal tunnel syndrome with neck and shoulder pain. The injured worker presented on 01/16/2015 with complaints of cervical pain radiating into bilateral upper extremities. Prior treatments include medications, MRI, physical therapy and massage. Diagnoses were cervical degenerative disc disease with radiculopathy, carpal tunnel syndrome on the right, Impingement syndrome of the shoulders and cervicogenic headaches. On 01/14/2015 utilization review non-certified the following requests: Continue with current medications: MTUS was cited. Use of heat and cold compresses: ODG was cited. Follow up with specialist for neck: ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Continue with current medication: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical treatment.

Decision rationale: Guidelines state that specific medications are recommended for specific conditions. Since the request is for a continuation of medications and no refills have been requested, authorization is not required. Continuation of a previously authorized medication does not require further certification. Thus the request for continue with current medication is not medically necessary and appropriate.

1 Continue use of heat and cold compresses: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back, heat/cold applications.

Decision rationale: Guidelines state that heat and cold compresses may be appropriate for this patient. Since the equipment required for this has already been certified in previous requests, no further equipment is necessary for the patient to continue heat and cold compresses. The request for 1 continue use of heat and cold compresses is not medically necessary and appropriate.

1 Follow up with specialist for neck: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (acute & chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 127.

Decision rationale: Guidelines recommend follow up visits as medically necessary if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan of care may benefit from additional expertise. In this case, there was no new injury, and the diagnosis was not uncertain. Thus the request for 1 Follow up with specialist for neck.