MAXIMUS Federal Services

Case Number:	CM15-0080856		
Date Assigned:	05/01/2015	Date of Injury:	08/07/2012
Decision Date:	06/04/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	04/27/2015

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, Pain Management

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 31 year old male, who sustained an industrial injury on 8/7/2012. He reported slipping and falling resulting in injury of his back and head. The injured worker was diagnosed as having post-traumatic chronic daily headaches, vascular type, chronic myofascial pain syndrome of thoracolumbar spine, bilateral carpal tunnel syndrome and bilateral ulnar nerve entrapment, and chronic bilateral knee sprain injury. Treatment to date has included medications, trigger point injections, pool therapy, x-rays, computed tomography scan, and EEG. The request is for a pharmacologic assessment and management. On 3/20/2015, he reported his neck pain was resolved, and complained of low back pain aggravation. He indicated he had numbness of his bilateral lower extremities. He rated his pain from 5-9/10 on a pain scale without medications, and reported not taking pain medications since September 2014. The treatment plan included: median nerve blocks for bilateral carpal tunnel syndrome, QME evaluation, and pharmacological assessment & management, Tramadol, and Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pharmacologic assessment & management performed on 3/20/15: 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 Section 9792.21(c), page 2 of Title 8, California Code of Regulations Page(s): 2. Decision based on Non-MTUS Citation CPT Handbook for Office-Based Coding.

Decision rationale: In the case of this request, the California Medical Treatment Utilization Schedule does not contain specific guidelines on this particular request. Therefore, national evidence based guidelines are cited. It is further noted that the Official Disability Guidelines and ACOEM do not have provisions for this request either. A search of the CPT Handbook indicates that this request for pharmacologic assessment is performed as type of E/M visit when a physical examination is not performed. Since the requested date of service included an exam, the appropriate follow-up E/M visit was already coded, and this CPT is inclusive in a regular E/M visit. Therefore, this request is not medically necessary.