

Case Number:	CM14-0142646		
Date Assigned:	09/10/2014	Date of Injury:	07/20/2002
Decision Date:	10/28/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53 year old female who sustained an injury to her neck on 07/22/02. The mechanism of injury was not documented. An operative report dated 06/25/14 reported that the injured worker underwent an anterior cervical discectomy and fusion at C4-5, C5-6, and C6-7 with placement of interbody fusion cages at these levels (plating with standalone cage) and allograft bone for fusion. The progress report dated 08/14/14 was handwritten and difficult to decipher. It was noted that plain radiographs were obtained the day before; however, this imaging study was not provided for review. It was noted that the injured worker is utilizing a bone stimulator. The injured worker complained of ongoing burning pain in the left upper extremity, decreased sensation in the left hand, and paresthesia of the right hand. The injured worker also reported some difficulty swallowing. Current medications included Percocet, Alprazolam, and Butrans. Physical examination noted anterior based incision biased to the left side; DTRs 1+ in the brachial radialis, biceps, right triceps, left side deferred; very tender left elbow; positive Tinel's sign. The injured worker was diagnosed with bilateral carpal tunnel syndrome status post bilateral carpal tunnel release, left cubital tunnel syndrome, status post ulnar transposition, and cervical sprain/strain, as well as degenerative disc disease. The injured worker was recommended to follow up for postoperative care, continue bone stimulator, counseled on smoking cessation, and request for pain management for medication management. The injured worker was advised to return to the clinic in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management for medication management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC Pain Procedure Summary last updated 07/10/2014; Clinical Office Visit

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, Office visits.

Decision rationale: The previous request was denied on the basis that in this case, with evidence of burning pain in the left upper extremity, decreased sensation in the left hand, paresthesia in the right hand, and considering that the injured worker has been provided with Percocet, Alprazolam, and Butrans, the medical necessity for pain medication management is established to evaluate and monitor the injured worker's response to medication. Therefore, the request was partially certified for pain management for medication management x 1. After reviewing the submitted documentation, there was no additional significant objective, clinical information provided that would support reverse of the previous adverse determination. Given this, the request for pain management for medication management is not indicated as medically necessary.