

Case Number:	CM14-0145497		
Date Assigned:	09/12/2014	Date of Injury:	01/01/2008
Decision Date:	10/29/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/08/2014

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 Physical Medicine and Rehabilitation 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 55-year-old male who reported an injury on 01/01/2008. The mechanism of injury was not submitted for clinical review. The diagnoses included cervical spine disc disease, right shoulder status post arthroscopy, left shoulder impingement, right elbow medial epicondylitis, and left elbow lateral epicondylitis. The previous treatments included medication, physical therapy, facet injections, epidural steroid injections, and surgery. The diagnostic testing included an EMG/NCV. In the clinical note dated 07/31/2014 it was reported the injured worker complained of cervical spine stiffness, spasms, headaches, and radiculopathy to the right upper extremity. Upon physical examination the provider noted the injured worker had decreased range of motion. There was stiffness, spasms, and trapezial tenderness on the right side, as well as radicular symptoms to the upper extremities, as well a positive Lhermitte's and Spurling's test. The provider requested pain management evaluation. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Evaluation and Treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), updated guidelines, Chapter 6, page 163.

Decision rationale: The request for Pain Management Evaluation and Treatment is not medically necessary. The California MTUS/ACOEM Guidelines state that consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, and determination of medical stability, and permanent residual loss and/or examinee's fitness to return to work. There is a lack of documentation warranting the medical necessity for a pain management consultation evaluation and treatment. The provider failed to document an adequate and complete pain assessment in the documentation. Therefore, the request is not medically necessary.