

Case Number:	CM14-0160262		
Date Assigned:	10/03/2014	Date of Injury:	03/08/2011
Decision Date:	11/06/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/29/2014

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 & 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 57-year-old male who reported an injury on 03/08/2011. The mechanism of injury was not submitted for clinical review. The diagnoses included lateral epicondylitis, sprain of the wrist, rotator cuff syndrome, and adhesive capsulitis of the shoulder. The previous treatments included medication, surgery, physical therapy, home exercise program, and EMG/NCV. Within the clinical note dated 06/12/2014, it was reported the injured worker complained of pain in the right lateral elbow region. Upon the physical examination, the provider noted a 3 inch incision over the right lateral epicondyle. The range of motion of the elbow is noted to be 5 degrees on the left and right. The provider noted the injured worker continued to have impairment of pain, muscle weakness, and decreased range of motion. The request submitted is for referral to pain management specialist for an evaluation for radiofrequency ablation and treatment of the lower back. However, a rationale was not submitted for clinical review. 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:

Referral to pain management specialist for an evaluation for radiofrequency ablation and treatment for lower back: Upheld

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

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 California MTUS/ACOEM Guidelines state that a 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 lack of documentation warranting the medical necessity for the request. The provider failed to document an adequate and complete pain assessment and physical examination of the lower back. Therefore, the request of referral to pain management specialist for an evaluation for radiofrequency ablation and treatment for lower back is not medically necessary and appropriate.