

<b>Case Number:</b>	CM14-0191797		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	04/04/2008
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Rehab, has a subspecialty in Interventional Spine, 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 patient is a 57 year old female with an injury date of 04/04/08. Based on the 09/12/14 report, the patient presents with hand and wrist pain that she rates as a 6/10. The 10/10/14 reports states that the patient continues to suffer from bilateral wrist pain. Both reports were brief and provided minimal information. The patient's diagnoses includes the following:1. Chronic pain syndrome2. Carpal tunnel syndromeThe utilization review determination being challenged is dated 04/04/08. Treatment reports were provided from 09/12/14 - 10/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up visits by pain management for bilateral wrists- 4 visits:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment in Workers' Comp, 12th Edition, Pain (updated 07/10/14)

**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), 2nd Edition, (2004) Chapter 7, page 127, Follow up.

**Decision rationale:** The patient presents with hand and wrist pain, which she rates as a 6/10. The request is for follow up visits by pain management for bilateral wrists, 4 visits. The rationale is

that "there are prescribed medications noted in the report dated 10/10/2014, which required close monitoring including Dilaudid and Gabapentin, these medications have been recommended to be discontinued by prior UR determination. Therefore, additional office visits for pain management should be re-evaluated at each visit, and the medical necessity of additional visits into the future has not been established." ACOEM Practice Guidelines, Second Edition (2004), page 127, has the following, Occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The 10/10/2014 report states that the treater is "going to see the patient back in a month to evaluate the efficacy of the treatment." The patient is currently taking Dilaudid, Trazodone, and Gabapentin. Given the patient's bilateral wrist pain, the request for a follow-up to determine the efficacy of the treatment including the medications appears to be reasonable. The requested follow-up visits are medically necessary.