

Case Number:	CM14-0216556		
Date Assigned:	01/06/2015	Date of Injury:	06/22/2010
Decision Date:	02/25/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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: Internal Medicine

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 an injured worker with a history of lumbosacral strain and sprain and carpal tunnel syndrome. The orthopedic qualified medical evaluation and examination report dated July 03, 2014 documenting the impression of lumbosacral strain and sprain with lumbosacral disc syndrome, status post surgery for left carpal tunnel syndrome with residual symptoms, and right carpal tunnel syndrome. The patient reported two work related injuries. The first work related injury occurred on 9/15/2009. At that time he was moving a pallet that weighted approximately fifty pounds. During the course of moving this pallet of cardboard he twisted his lower back and felt pain and muscle spasms in his lower back. Because of ongoing pain he reported the injury to work and sought medical treatment. The second work related injury occurred on 6/22/2010. At that time, he apparently twisted his back and had a flareup of his previous low back pain. The first work related injury according to the patient was the cause of his back problems and the second work related injury was representative of a flare-up of the previous condition. It appears that the first injury was 9/15/2009 and the second episode occurred on 6/22/2010. The patient is being treated conservatively with medication, physical therapy, chiropractic treatments and acupuncture and subsequently received epidural injections through a pain management clinic. Although the patient relates that the injections did not afford any long term relief. The patient relates that he had been placed on temporary total disability since September 25th of 2010. In 1990, he twisted his knee and had arthroscopic surgery of his left knee. During the course of treatment of his lower he had EMG electromyography and nerve conduction studies and was told that he had carpal tunnel syndrome of his wrists and hands and subsequently he had a carpal

tunnel release performed approximately two years ago. The patient relates that he does not feel that the surgery helped him and that he feels that now he is having more pain in his wrist than he did before the surgery. Apparently the patient received about six epidural steroid injections but helped only for a short period of time but did not offer any long term palliative relief. He did have EMG electromyography and nerve conduction studies of the upper and lower extremities and was subsequently diagnosed as having carpal tunnel syndrome as previously mentioned and he had surgery of his left wrist the left carpal tunnel about two years ago. The patient relates that surgery did not help him and in fact, he feels that his wrist pain and stiffness are worse than before. He continues to have ongoing and chronic pain in his lower back and wrists and hands. The primary treating physician's progress report dated 8/18/14 documented subjective complaints of low back pain and wrist pain. Objective findings were documented. Decreased strength of the left wrist was noted. Disc herniation of the lumbar spine was noted. Diagnoses were lumbar sprain and strain, lumbar radiculopathy. The treatment plan included acupuncture and home exercise instruction. Request for authorization (RFA) requesting follow-up consultation with pain specialist was dated November 21, 2014. Utilization review determination date was December 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up consultation with pain management specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Office Visits

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 5 Cornerstones of Disability Prevention and Management Page 75, Chapter 7 Independent Medical Examiner Page 127.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. The 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. The medical records document a history of lumbosacral strain and sprain and carpal tunnel syndrome. The latest progress report present in the submitted medical records

was dated 8/18/14. Request for authorization (RFA) requesting follow-up consultation with pain specialist was dated November 21, 2014. Without updated progress reports, the 11/21/14 request for a pain specialist is not supported. Therefore, the request for a follow up consultation with pain management specialist is not medically necessary.