MAXIMUS Federal Services

Case Number:	CM15-0012959		
Date Assigned:	01/29/2015	Date of Injury:	01/07/2009
Decision Date:	03/19/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/22/2015

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: New Jersey
Certification(s)/Specialty: Family Practice

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 (IW) is a 43 year old male who sustained an industrial injury on 01/07/2009 from continuous trauma. He has reported bilateral wrist and hand pain associated with numbness and tingling, neck pain radiating to the upper extremities, low back pain, bilateral knee pain, and bilateral heel and foot pain. Diagnoses include cervical spine strain, thoracic spine strain, and lumbar spine strain with radiculopathy. He also has right forearm strain, left forearm strain, right carpal tunnel syndrome. Treatments to date are not found in the medical records submitted. A progress note from the treating provider dated 12/10/14 indicates the IW was having new numbness and tingling in the neck, shoulder and hand, and was having continuing pain in the neck, and back, and bilateral wrists, forearms, knees and left foot. A MRI was requested of the thoracic spine, and a follow-up with pain management was also requested On 12/31/2014 Utilization Review non-certified a request for follow -up Consultation with Pain Management, noting the clinical findings do not appear to support the medical necessity of the requested treatment. The ACOEM Guidelines were cited.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted 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 in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In the case of this worker, there was insufficient documentation provided to gather the specific reasoning for the referral back to the pain specialist. There was no indication in the notes provided that there was help needed for diagnostics, help managing pain medications, or performing a specific procedure. Therefore, the pain management follow-up will be considered medically unnecessary until this is provided for review.