

Case Number:	CM15-0124502		
Date Assigned:	07/09/2015	Date of Injury:	11/19/2001
Decision Date:	08/05/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/29/2015

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: North Carolina

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 is a 55-year-old male, who sustained an industrial injury on 11/19/01. The injured worker has complaints of bilateral wrist pain. The documentation noted that the injured worker has an antalgic gait and has mild swelling and pain to palpation over the medial aspect of the right wrist. The documentation noted that there is diffuse pain with light touch over the hands bilaterally. The diagnoses have included median neuropathy, bilateral; carpal tunnel syndrome, bilateral and opioid dependence. Treatment to date has included multiple carpal tunnel releases without benefit; multiple lumbar surgeries including fusion; hydromorphone; lyrica; cymbalta; tizanidine; celebrex; lunesta and change diazepam to amitriptyline. The request was for 12 office visits with a pain management specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 office visits with a pain management specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: Per the ACOEM: The health practitioner may refer to other specialist 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 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient upon review of the provided medical records has ongoing pain despite conservative therapy. The referral for a pain specialist would thus be medically necessary however the request is for 12 sessions. Without knowing future outcomes and response to therapy, the ongoing need cannot be established and the request is not medically necessary.