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| Case Number: | CM15-0124966 | | |
| Date Assigned: | 07/09/2015 | Date of Injury: | 04/06/2000 |
| Decision Date: | 08/05/2015 | UR Denial Date: | 06/01/2015 |
| 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50-year-old female, who sustained an industrial injury on 4/8/00. She reported pain in the neck, shoulders, wrists, hands, and back. The injured worker was diagnosed as having impingement and carpal tunnel syndrome. Treatment to date has included right shoulder decompression in 2001, right carpal tunnel release in 2001, left shoulder arthroscopic decompression in 2002, left carpal tunnel release in 2002, cortisone injections, and physical therapy. Currently, the injured worker complains of bilateral wrist and shoulder pain. The treating physician requested authorization for a pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page 127.

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: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for neck, shoulder, wrist, hand, and low back pain. She is also being treated for anxiety, insomnia, and major depressive disorder. Authorization for an evaluation by an acupuncturist and / or pain management specialist was requested. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the request does not specify which specialist is to be consulted and the services provided would be expected to be significantly different. The request should be for either a pain management evaluation or for acupuncture treatments and cannot be accepted as being medically necessary.