

<b>Case Number:</b>	CM15-0171881		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	08/19/2013
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

This 35 year old female sustained an industrial injury on 8-19-13. Documentation indicated that the injured worker was receiving treatment for chronic pain syndrome, brachial plexus disorder, degeneration of cervical intervertebral disc, neck pain, medial epicondylitis and right hand pain. Previous treatment included physical therapy, occupational therapy, splinting, injections and medications. Magnetic resonance imaging cervical spine (9-26-14) showed minimal, subtle posterior annular disc bulging with suspected subtle central annular tears at C3-7. C2-3 and C7-T5 levels were unremarkable. Magnetic resonance imaging right hand (undated) a cyst in the head of the 3rd and 4th metacarpals with some increased fluid along the middle finger flexor sheath and flexor tendon tendinitis. Electromyography and nerve conduction velocity test bilateral upper extremity (undated) showed acute right C5-8 radiculopathy. In an encounter dated 7-22-15, the injured worker complained of right upper extremity and right chest wall (or thoracic outlet) pain, rated 7 to 10 out of 10 on the visual analog scale associated with right hand numbness and tingling. Physical exam was remarkable for right upper extremity with hypesthesia in the ulnar nerve distribution, "some flattening of the normal cervical lordosis", asymmetric shoulder girdles with left shoulder higher than the right, shoulder abduction limited to 90 degrees, flexion to 110 degrees and "impressive" trigger points in the trapezius muscle and shoulder girdle. The physician stated that the injured worker was constantly either moving or protecting her right upper extremity. The physician stated that the initial physician who evaluated the injured worker assumed that her symptoms came from her cervical spine; however, it would be very difficult to suffer a cervical spine injury that would cause injury with injury to

four nerve roots that would be evident on electromyography. The only place that the injured worker could experience that type of multi-nerve root injury would be damage to the brachial plexus and in the thoracic outlet. The injured worker remained symptomatic with a neuropathy pain syndrome of her right upper extremity that had been poorly elucidated to date. The injured worker had been off work for a year and was motivated to get her symptoms under better control and "get back to her life". The injured worker was not a surgical or injection candidate and had exhausted her MTUS guidelines physical therapy. The physician recommended an interdisciplinary evaluation. On 8-4-15, Utilization Review non-certified a request for a one day interdisciplinary pain management evaluation citing CA MTUS Chronic Pain Medical Treatment Guidelines.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **1 Day interdisciplinary pain management evaluation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs). Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** Regarding the request for referral to 1 Day interdisciplinary pain management evaluation, California MTUS does not address this issue. ACOEM supports consultation 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. California MTUS supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the documentation available for review, the patient has ongoing pain corroborated by physical exam findings. However, it is unclear exactly why an interdisciplinary pain management consultation is being requested. The patient's current physician seems to feel comfortable prescribing the patient's current medications and there is no discussion regarding any interventional treatments being sought. In fact the note states "[REDACTED] offers comprehensive multidisciplinary evaluations of chronic pain." The physician states it is not for a functional restoration program however the request does seem to imply such. For that there is no documentation that an adequate and thorough evaluation has been made including baseline functional testing, and no statement indicating that the patient has lost the ability to function independently. Additionally, there is no discussion regarding motivation to change and negative predictors of success. In light of the above issues, the currently requested referral to 1 Day interdisciplinary pain management evaluation is not medically necessary.