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| Case Number: | CM15-0172803 | | |
| Date Assigned: | 09/23/2015 | Date of Injury: | 10/25/2012 |
| Decision Date: | 11/03/2015 | UR Denial Date: | 08/31/2015 |
| Priority: | Standard | Application Received: | 09/02/2015 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67 year old male, who sustained an industrial injury on 10-25-2012. The injured worker was noted as not working on 03-31-2015 progress note. Medical records indicated that the injured worker is undergoing treatment for chronic neck pain, spondylosis of cervical spine, myofascial pain syndrome, pain disorder, and insomnia. Treatment and diagnostics to date has included home exercise program and medications. In a progress note dated 06-03-20015, the injured worker reported "severe disabling radicular neck pain into both arms". Objective findings included "sensory loss-alteration C6 left hand", "difficulty lifting and holding up the arms", spasms in both arms, and decreased deep tendon reflexes to right brachioradialis. The treating physician noted that MRI of the cervical spine dated 10-25-2010 showed "severe bilateral neural foraminal narrowing". The request for authorization dated 08-25-2015 requested evaluation pain management for pre-injection . The Utilization Review with a decision date of 08-31-2015 denied the request for evaluation pain management for pre-injection NP evaluation prior to right hip bursa injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation with pain management for pre-injection NP evaluation prior to right bursa injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter 7 Independent Medical Examination and Consultations; Hegman K, Occupational Medicine Practice Guidelines 2nd Edition (2008 Revision) page 503.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, chapter 7, Independent Medical Examinations (IMEs), page 127.

Decision rationale: The 61 year old patient complains of persistent shoulder pain, arm pain, stiffness and weakness, as per progress report dated 03/31/15. The request is for evaluation with pain management for pre-injection NP evaluation prior to right bursa injection. The RFA for this case is dated 08/25/15, and the patient's date of injury is 10/25/12. The patient has been diagnosed with mechanical shoulder pain, as per progress report dated 03/31/15. Diagnoses, as per progress report dated 06/03/15, included spondylosis of the cervical spine, myofascial pain syndrome, pain disorder with psychological and general medical condition, and insomnia secondary to pain. The patient is not working, as per progress report dated 03/31/15. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, Independent Medical Examinations (IMEs), page 127 state that 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 and/or the examinee's fitness for return to work. In this case, only two progress reports dated 03/31/15 and 06/03/15 are available for review and none of those reports discuss the request. Additionally, several pages from the 06/03/15 report are missing. As per Request for Authorization form, dated 08/25/15, the request is for pre-injection pain management evaluation as "██████ requires NP evaluation prior to right hip right bursa injection." However, none of the reports available for review discuss any hip issues. Furthermore, as per the Utilization Review denial letter, a hip injection was approved almost an year ago but it is not clear if the patient received it or not. Given the lack of relevant documentation regarding current hip symptoms and prior injections, the evaluation for another right bursa injection is not medically necessary.