

Case Number:	CM15-0068349		
Date Assigned:	04/16/2015	Date of Injury:	02/02/2005
Decision Date:	05/19/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/10/2015

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 70 year old male, who sustained an industrial injury on 2/2/05. He reported the injury happened over years of repetitious work: carpal tunnel, stiffness and pain neck and headaches. The injured worker was diagnosed as having cervical strain; right shoulder strain; hand pain; fibromyalgia; anxiety; depression. Treatment to date has included x-rays to right wrist (9/10/14). Currently, the PR-2 notes dated 3/5/15 indicate the injured worker complains of pain in his hands, right shoulder, and neck. The alleged mechanism of injury is repetitive work over the years. On examination there are no findings for the cervical spine or bilateral hands. The right shoulder reports painful range of motion with positive impingement. The provider is requesting a pain management consult and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult and treatment: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, chapter 7, page 127, consult.

Decision rationale: This patient presents with bilateral hands, right shoulder and neck pain. The current request is for a pain management consult and treatment. The Request for Authorization is not provided in the medical file. The American College of Occupational and Environmental Medicine, ACOEM, second edition 2004 chapter 7, page 127 states 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 examinees fitness for return to work." On 03/05/15, the patient complained of pain in the upper extremities and headaches. The treating physician states that "pain management referral placed as : Perm disabled in Work Comp w/ future medical, pain conditions complicated by Fibromyalgia and other painful chronic conditions." The patient's current medications include HTN medications, gabapentin, sertraline and tramadol. Given the patient's multiple injuries and medication intake a pain management consultation may be reasonable; however, the current request is for "consult and treatment." Without knowing what the treatment entails, recommendation cannot be made. ACOEM guidelines allow for initial consultations with specialist, but does not discuss open ended treatments. The request for Pain management consult and treatment is not medically necessary.