MAXIMUS Federal Services

Case Number:	CM14-0155858		
Date Assigned:	09/25/2014	Date of Injury:	11/29/2011
Decision Date:	11/05/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/23/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 60 year old female with a reported date of injury on 11/29/2011. The mechanism of injury was not indicated within the documentation. She has diagnoses of cervical discopathy, lumbar discopathy, carpal tunnel/double crush syndrome, MRI evidence of tear of triangular fibrocartilage and Scapholunate Advances Collapse (SLAC) of left wrist, de Quervain's syndrome, and sleep difficulty. There was no documentation demonstrating past treatment. The physician notes indicated an MRI showed evidence of a tear of the triangular fibrocartilage and Scapholunate Advanced Collapse (SLAC) of the left wrist; however, no official or unofficial report was provided. On 07/18/2014 the injured worker reported constant, sharp, pain to the cervical spine that was aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching, and working at or about the shoulder level. The injured worker reported pain rated 7/10. Constant, sharp, pain was noted to the low back which was aggravated by bending, lifting, twisting pushing, pulling, prolonged sitting, prolonged standing, and walking multiple blocks. The pain was rated 7/10. There was constant, throbbing pain in the bilateral wrists with swelling and deformity which was aggravated by repetitive motions, gripping, grasping, pushing, pulling, and lifting. Bilateral shoulder pain was aggravated by forward reaching, lifting, pushing, pulling, and working at or above the shoulder level. Upon physical examination the injured worker had limited range of motion with pain in the cervical spine, a positive Spurling's test, and dysesthesias at the C5-C7 dermatome. The physician indicated positive Hawkins and impingement signs were present, as well as a positive Phalen's, and a positive Tinel's. The injured worker had limited range of motion, weak grip strength and deformity, and diminished sensation in the radial digits, and swelling of the wrists and digits. The Lumbar spine showed tenderness with spasms, a positive seated nerve root test, range of motion was guarded and restricted with standing flexion and extension, and the injured worker

had dysesthesias to the L4-L5 dermatomes. The treatment plan included recommendations for a referral to a rheumatologist for further evaluation to rule out inflammatory arthritis. The request was for Rheumatologist Evaluation and Medications (unspecified). The requesting physician's rationale for the request was not indicated within the provided documentation. The Request for Authorization form dated 08/11/2014 was included in the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rheumatologist Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office visits.

Decision rationale: The request for Rheumatologist Evaluation is not medically necessary. Within the 07/18/2014 clinical note, it was noted the injured worker was having constant pain in the cervical spine, low back and wrist area. The Official Disability Guidelines recommend clinical office visits with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, and clinical stability. There is a lack of documentation indicating the injured worker has significant physical examination which would demonstrate the injured worker's need for a consult with a rheumatologist. The requesting physician's rationale for the request is not indicated within the provided documentation. Therefore the request for Rheumatologist Evaluation is not medically necessary.

Medications (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61.

Decision rationale: The request for Medications (unspecified) is not medically necessary. As per the injured worker's complaints dated 07/18/2014, she was having constant pain in the cervical spine, low back and wrist area. The California MTUS guidelines note only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week and a record of pain and function with the

medication should be recorded. The submitted request does not indicate which medication is being requested, as well as, the frequency and the amount of the medication being requested, in order to determine the medical necessity of the medication. As such, the request for Medications (unspecified) is not medically necessary.