

Case Number:	CM13-0012210		
Date Assigned:	11/20/2013	Date of Injury:	02/11/2013
Decision Date:	02/05/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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 applicant has filed a claim for chronic shoulder, low back, and neck pain reportedly associated with an industrial injury of February 11, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; a wrist splint; and extensive period of time off work. It does not appear that the applicant has returned to work with said limitations in place. In a September 17, 2013 progress note, it is stated that the applicant reports neck, shoulder, and low back pain. She cannot clean, sit, or wash dishes, it is stated. It is stated that the applicant may require a shoulder surgery. Shoulder surgery is sought. The applicant is placed off work, on total temporary disability. It is stated that the applicant has failed nonoperative treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

pain management referral: 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, page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints after completion of appropriate conservative management should lead the primary treating provider (PTP) reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant has multifocal neck, low back, and shoulder complaints which have proven recalcitrant to conservative measures, including physical therapy, time, medications, etc. Given the multiplicity of the applicant's complaints, referral to a physician specializing in chronic pain is indicated and appropriate, as suggested on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the original utilization review decision is overturned. The request is certified