

<b>Case Number:</b>	CM13-0012380		
<b>Date Assigned:</b>	03/24/2014	<b>Date of Injury:</b>	03/05/2013
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### 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 Family Practice, has a subspecialty in Pain Management 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 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 patient is a 58 year old male who was injured on 03/05/2013. He was working as a truck driver and injured his left shoulder and has complaints of low back and left shoulder pain radiating to the arm. Prior treatment history has included physical therapy, medications and creams for pain control. Diagnostic studies reviewed include X-ray of the orbits, single view, and dated 04/11/2013 revealing multiple dental fillings, otherwise no evidence of radiopaque/metallic foreign bodies. Progress note dated 06/10/2013 documented the patient to have complaints of pain in left upper extremities and left shoulder. The pain level is 7/10, maximum is 9/10. He also reports numbness and tingling of the left hand and 4th and 5th digits. Left shoulder pain is 7/10. Patient also reports low back pain. Objective findings on exam included examination of the cervical spine showing inverse cervical lordosis and slight left antalgia. Range of motion with forward flexion is 20 degrees; extension is less than 5 degrees, rotation 30 degrees to the right and 40 degrees to the left. Left lateral flexion 18 degrees and right lateral flexion 15 degrees. Myospasm of left cervical paraspinal muscles and left upper trapezius. Tender joints from C2 to T1. Decreased sensation along C6 dermatome. Left shoulder range of motion: flexion 90 degrees, abduction 90 degrees. Tenderness in the supraspinatus tendon and AC joint. Tight in the supraspinatus, 1st levator scapula, mid trapezius muscles. Positive Hawkins and Kennedy test. Assessment: 1. Left cervical spine antalgia, decreased, better. 2. No significant change in shoulder. Treatment: Therapy; standing pectoral stretch, hold 5 seconds, repeat 4 times. Supine neck retractions: hold 5 seconds, repeat ten times. Neck: lateral flexion strength; hold 5 seconds and repeat 5 times.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONSULTATION WITH A PAIN MANAGEMENT SPECIALIST: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 7

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 on Independent Medical Examinations and Consultations, Page 127.

**Decision rationale:** This is 58 yr.old male with a neck injury, shoulder injury and low back injury. The request is for a referral to a Pain management specialist (PMS). The Cervical symptoms indicate that there has been some improvement. The shoulder symptoms are not improved and the referral to a PMS is not appropriate pending the referral to the orthopedic specialist. After the reviewing the report from the orthopedist the request for the pain management specialist may be reconsidered. Based upon records reviewed the patient is not a candidate for ESIs or joint injections.

**CONSULTATION WITH AN ORTHOPEDIC SURGEON: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 7

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 On Independent Medical Examinations And Consultations, page127

**Decision rationale:** Referral to an orthopedic surgeon for consultation and due to the continued pain and clinical findings on the shoulder and back is medically within ACOEM and the consultation report is medically within the ACOEM Chapter 7 guidelines.