

<b>Case Number:</b>	CM13-0030604		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	09/14/2001
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 Anesthesiology, 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:

According to the records made available for review, this is a 49-year-old female with a 9/14/01 date of injury. At the time (9/17/13) of request for authorization for an arthritis consultation, there is documentation of subjective (diffuse pain; back pain, hip pain, joint stiffness, knee pain in the morning, muscles aches, myalgias, neck pain with movement, shooting leg pain, tingling and numbness) and objective (multiple trigger points) findings, imaging findings (L/S MRI (6/25/13) report revealed no evidence of any significant central or foraminal stenosis at all disc levels; minimal central stenosis at L4-5), current diagnoses (chronic pain syndrome, DDD L/S, fibromyalgia/myofascial spasm, limb pain, low back pain, and peripheral neuropathy), and treatment to date (medications and ESIs). There is no documentation of a rationale for the medical necessity of the requested arthritis consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**An arthritis consultation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 127.

**Decision rationale:** MTUS reference to ACOEM guidelines identifies that consultation is indicated 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, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, DDD L/S, fibromyalgia/myofascial spasm, limb pain, low back pain, and peripheral neuropathy. However, given that there is no documentation of a rationale for the medical necessity of the requested arthritis consultation, there is no documentation that consultation is indicated 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. Therefore, based on guidelines and a review of the evidence, the request for an arthritis consultation is not medically necessary.