

<b>Case Number:</b>	CM13-0035032		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	04/22/2011
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Geriatrics, and is licensed to practice in New York, Pennsylvania, and Washington. 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 injured worker is a 66 year old woman who reported injury related to her employment as a nursing assistant on 4/22/11. She sustained neck, shoulder, hand, wrist, and mid back pain associated with headaches, and was treated with medications (narcotics and NSAIDS), and 22 physical therapy session. She underwent right carpal tunnel release in July 2012, and left carpal tunnel release in October 2012 with further physical therapy. She subsequently continued with complaints of pain with further evaluations, including radiographs of the cervical spine, wrists, shoulders and thoracic spine. On 4/23/13, she was diagnosed with chronic neck and mid back pain, right and left shoulder pain (subsequent MRI did not show a rotator cuff tear), and complaints of depression, anxiety and difficulty sleeping. A shoulder MRI revealed supraspinatus tendinosis and osteoarthopathy of the acromioclavicular joint. She had well preserved cervical and shoulder ranges of motion. An evaluation in July 2013 documented a total whole person impairment of 33% WP.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**pain management consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

**Decision rationale:** This 66 year old worker was injured in April 2011 with subsequent complaints of chronic neck, back, shoulder and wrist pain. She has been treated with multiple modalities of pain management, including therapy, bilateral carpal tunnel surgery, chiropractic care and medications with little subjective or objective improvement in her symptoms yet stable functional status. Per the chronic pain guidelines, a comprehensive multidisciplinary approach to pain management is indicated for patients with more complex or refractory problems. Her physical exam and radiographic findings do not support this complexity. She was simultaneously referred for several additional modalities, including wrist splints, acupuncture and a pain management consult. A pain management consult is not medically necessary.