

<b>Case Number:</b>	CM13-0047840		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/29/2010
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 50-year-old female with date of injury on 09/29/2010. The progress report dated 09/24/2013 by [REDACTED] indicates that the patient's diagnoses include: Cervicalgia, adhesive capsulitis shoulder, unspecified derangement joint shoulder, sprain/strain lumbar region. The patient continues with complaints of severe low back pain and right shoulder pain. Objective findings included increased pain with squatting, crouching, and walking. The patient has an MRI of the right shoulder dated 06/22/2013 shows acromioclavicular osteoarthritis, supraspinatus tendonitis, infraspinatus tendonitis, and no evidence of occult rotator cuff tear or glenoid labral pathology. The patient had a bilateral upper extremity EMG testing on 08/27/2013 which showed normal EMG studies of the cervical spine and upper extremities with no acute or chronic denervation potentials in any of the muscles tested. There were abnormal NCV studies of the upper extremities suggestive of the right mild carpal tunnel syndrome. There was a request for pain management consultation which was denied by utilization review letter dated 10/14/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consultation:** Overturned

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

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

**Decision rationale:** This patient continues with severe low back pain and right shoulder pain rated at 8/10. ACOEM Guidelines page 127 states that the occupational health practitioner may refer to other specialist when a plan or course of care may benefit from additional expertise. The request for a pain management consultation appears to be reasonable as this patient continues with severe pain. Therefore, authorization is recommended.