

Case Number:	CM13-0065408		
Date Assigned:	01/03/2014	Date of Injury:	08/09/2012
Decision Date:	03/26/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/13/2013

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 Family Medicine, has a subspecialty in Pain 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:

This is a 43-year-old male claimant sustained injury August 9, 2012 that resulted in shoulder derangement, back injury, ankle strain, and shoulder pain after a pallet falling onto his shoulder. He has received epidural steroid injections in the past for pain management, deep tissue massage, acupuncture as well as Norco, and Flexeril. Examination primary physician on November 1, 2013 indicated 7 out of 10 pain in the left shoulder and wrist. Objective findings included tenderness in the elbow as well as the wrists. The MRI of the shoulder and elbow were ordered along with physiotherapy for one month. On November 11, 2013 a request was made for seeing pain management to manage pain medications relating to the shoulder and forearm derangements. The pain management note on November 4, 2013 stated the medication should be continued as the primary treating physician had ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management for medications: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Section Page(s): 30. Decision based on Non-MTUS Citation American College

of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Specialist Referral, page(s) 127

Decision rationale: According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case there was no documentation of the complexity of medications, response to medications or specific concerns as to why pain specialist maybe needed. In addition the pain management examination note had stated to continue to same medications the patient had been taking. The pain management referral is not medically necessary.