

Case Number:	CM13-0067919		
Date Assigned:	01/03/2014	Date of Injury:	11/24/2012
Decision Date:	04/21/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/18/2013

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 Occupational 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 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of November 24, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; MRI imaging of the injured shoulder on November 13, 2013, interpreted as unremarkable; MRI imaging of the lumbar spine on November 13, 2013, notable for low grade degenerative changes and disk bulges of uncertain clinical significance; electrodiagnostic testing of November 24, 2012, interpreted as showing bilateral C6 cervical radiculopathies; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of December 7, 2013, the claims administrator denied a request for an initial pain management consultation for the lumbar spine and initial orthopedic consultation for the right shoulder, citing non-MTUS Chapter 7 ACOEM Guidelines. The applicant's attorney subsequently appealed. In a clinical progress note of August 29, 2013, the applicant presented with persistent shoulder, arm, and low back pain. The applicant was given diagnoses of low back pain and impingement syndrome of the shoulder. The applicant was placed off of work, on total temporary disability. Additional physical therapy was sought. On October 10, 2013, the applicant was issued prescriptions for several topical compounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL PAIN MANAGEMENT CONSULTATION FOR THE LUMBAR SPINE:

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider (PTP) to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant has chronic longstanding low back pain complaints. The applicant has failed time, medications, physical therapy, topical compounds, etc. The applicant remains off of work. Obtaining the added expertise of physician specializing in chronic pain and delayed recovery is indicated and appropriate. Therefore, the request is certified, on Independent Medical Review.

INITIAL ORTHOPEDIC CONSULTATION FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, page 209 referral for surgical consideration may be indicated for applicants who have clear clinical and radiographic evidence of a lesion which has been shown to benefit from surgical repair and who have tried and failed to increase range of motion and strength of the musculature around the shoulder through exercise programs. In this case, the documentation on file is sparse, handwritten, and largely illegible at times. It is not clearly stated why an orthopedic shoulder surgery consultation is being sought. The applicant has had an essentially negative MRI of the injured shoulder. There is no evidence that the applicant is an active candidate for shoulder surgery. There is no mention that the applicant is actively contemplating or considering shoulder surgery. Accordingly, the proposed shoulder surgery consultation is not certified, on Independent Medical Review.