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| Case Number: | CM14-0105103 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 04/24/2000 |
| Decision Date: | 09/03/2014 | UR Denial Date: | 06/24/2014 |
| Priority: | Standard | Application Received: | 07/08/2014 |

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 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:

The injured worker is a 46 year old female with date of injury on 4/24/2000, and an unknown mechanism of injury. She has been complaining of low back pain, left knee pain, and bilateral lateral hip pain. She has received bilateral subacromial and subdeltoid bursa injections. She is status post left shoulder arthroscopic retrocoracoid decompression / coracoplasty with tenodesis of the short head of left pectoralis minor tendon. Her past history includes migraines, hypertension, and alcoholism. Her medications include Oxycontin, Oxycodone, Soma, Ibuprofen, Xanax, Amlodipine, Hydrochlorothiazide, and Atarax. Her current diagnoses are: left shoulder rotator cuff tear, status post repair, bilateral occipital headache, migraine, low back pain, myofascial pain, bilateral sacroiliac enthesopathy, trochanteric bursitis, status post lumbar fusion, and sleep disturbance. She is also noted to have a long lasting diagnosis of fibromyalgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rheumatology for fibromyalgia evaluation and treatment: 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
Introduction Page(s): 1.

Decision rationale: As per California Chronic Pain Medical Treatment Guidelines, the physician begins with an assessment of the presenting complaint and a determination as to whether there is a "red flag for a potentially serious condition, which would trigger an immediate intervention. Conservative management is provided, upon ruling out a potentially serious condition. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. If the patient continues to have pain that persists beyond the anticipated time of healing, without plans for curative treatment, such as surgical options." A diagnosis of fibromyalgia has been mentioned. Treatment of this condition does not require expertise of a rheumatologist, unless it is intractable. (Which is not the case here) Furthermore, there is no documentation of a detailed evaluation and comprehensive treatment of fibromyalgia based on evidence based guidelines. Therefore, the medical necessity of referral to rheumatology is not established based.