

<b>Case Number:</b>	CM14-0014342		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	12/29/2011
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 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 multifocal pain syndrome, suspected fibromyalgia, and major depressive disorder reportedly associated with an industrial injury of December 29, 2011. The applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; psychological counseling; psychotropic medications; and extensive periods of time off of work. In a Utilization Review Report of January 17, 2014, the claims administrator apparently denied a request for rheumatology consultation. Little or no rationale was provided. The claims administrator cited Chapter 5 ACOEM Guidelines and stated that there was no evidence that the applicant had failed conservative treatment and further appeared to have based the denial on causation, stating that the "mechanism of injury was not specifically stated." The cited guideline was not incorporated into the rationale. A progress note dated November 23, 2013 was sparse, handwritten, difficult to follow, not entirely legible, notable for ongoing complaints of neck and shoulder pain. The applicant was placed off of work, on total temporary disability. The applicant was asked to apparently try prednisone. The applicant was placed off of work and asked to also continue Lyrica and obtain a rheumatology consultation. A psychiatry note of October 1, 2013 was notable for comments that the applicant was having ongoing issues of depression, stress, and chronic pain. The applicant was again placed off of work from a mental health perspective and given prescriptions for Cymbalta, Atarax, and Lunesta. An October 16, 2013 progress note was notable for comments that the applicant should obtain a rheumatology consultation to assess for rheumatologic component to the applicant's symptoms, such as fibromyalgia syndrome. The applicant was again placed off of work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RHEUMATOLOGY CONSULTATION:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** As noted in page 1 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative treatment should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant is off of work. The applicant has multifocal pain complaints and mental health complaints. The applicant has failed to respond favorably to conservative treatment in the form of time, medications, physical therapy, etc. Obtaining the added expertise of a rheumatologist to exclude the presence of some underlying rheumatologic process such as fibromyalgia is therefore indicated. Accordingly, the request is medically necessary.