

Case Number:	CM14-0015801		
Date Assigned:	03/03/2014	Date of Injury:	09/20/2012
Decision Date:	12/12/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	02/07/2014

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 Physical Medicine & Rehabilitation 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 36-year-old male who reported an injury on 09/20/2012 due to cumulative trauma. His diagnoses included a neck sprain and shoulder impingement. Past treatments included medications, extracorporeal shockwave therapy, lumbar epidural steroid injections, and TENS unit. On 12/13/2013, the injured worker complained of constant right shoulder pain rated 4/10 and indicated moderate improvement with the extracorporeal shock wave therapy. The injured worker also indicated he did not have stomach issues and denied side effects from the opioid treatment. The physical examination revealed the lumbar spine had painful range of motion, 3+ tenderness to palpation over the lumbar paravertebral muscles, and muscle spasms over the lumbar paravertebral muscles. Examination of the right elbow revealed no bruising, swelling, atrophy or lesions; painful range of motion; and 3+ tenderness to palpation over the medial elbow. The injured worker noted tramadol was helpful for pain control. His medications included naproxen 550 mg daily, Flexeril 7.5 mg 2 times daily, Protonix 20 mg 2 times daily, and topical cream consisting of flurbiprofen 20%, tramadol 20%, dexamethorphan 10%, gabapentin 10%, and amitriptyline 10%. The treatment plan included continuation of medications, and a request for a referral to pain management. A request was received for a referral to pain management. A rationale was not provided. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO PAIN MANAGEMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES. , CHAPTER 7: INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS.,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office visit

Decision rationale: The request for referral to pain management is not medically necessary. According to the Official Disability Guidelines, the need for a clinical office visit is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Furthermore, the determination is also based on what medications the patient is taking, since some medicines such as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The injured worker was noted to have lumbar and right elbow pain with painful range of motion and tenderness to palpation and indicated to be taking opioids. However, there was lack of evidence pertaining to a consultation or evaluation by pain management for a referral. Based on the lack of documentation recommending a referral to pain management and as the number of visits being requested were not specified, the request is not supported by the guidelines. As such, the request for referral to pain management is not medically necessary.