

<b>Case Number:</b>	CM14-0118865		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/29/2012
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 and Rehabilitation, has a subspecialty 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:

This is a male patient with the date of injury of June 29, 2012. A Utilization Review dated July 3, 2014 recommended non-certification of evaluation with pain management due to no clear documentation as to why another pain management consultation is medically necessary. A Progress Report dated June 13, 2014 identifies Subjective Complaints of ongoing problems with regards to his left knee, lower back as well as his left shoulder. Objective Findings identify focally tender at the lumbosacral junction as well as superior iliac crest. Left knee demonstrates tenderness along the anterior and medial and lateral joint line. There is evidence of patellofemoral grind. Diagnoses identify left shoulder interscapular sprain, lumbosacral sprain/strain with spondylosis L4 through S1, disc bulging L4 through S1, left knee patellofemoral pain, and internal issues with gastrointestinal reflux and heartburn as well as psychological issues as well as sexual dysfunction. Treatment Plan identifies pain management to adjust his pain medication because the patient is having tremendous amount of pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation with pain management:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127, and on the Non-MTUS Other Medical Treatment Guideline or Medical Evidence: State of Colorado, Chronic Pain Disorder Medical Treatment Guidelines, Exhibit Page Number 52

**Decision rationale:** Regarding the request for Evaluation with Pain Management, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient has ongoing problems with regards to his left knee, lower back as well as his left shoulder. Pain management is recommended to adjust his pain medication because the patient is having tremendous amount of pain. As such, the currently requested evaluation with pain management is medically necessary.