

<b>Case Number:</b>	CM14-0151809		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	06/11/2001
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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:

According to the records made available for review, this is a 51-year-old female with a 6/11/01 date of injury. At the time (7/29/14) of the request for authorization for Specialist Referral to Pain Management, there is documentation of subjective (low back pain with radiation to the hips and knees, right worse than left; neck pain with radiation to the shoulder and scapular area, it also radiates to the head and causes headaches four to five times per week; bilateral thumb pain, left greater than right; bilateral wrist and hand pain; bilateral knee pain; bilateral shoulder pain; and depression and difficulty due to the pain) and objective (ankle jerk was hypoactive on the right and normal on the left, gait is slow and uses a cane, moderate paralumbar muscle spasm and tenderness, active range of motion of the lumbar spine is decreased, Phalen's sign is positive bilaterally, tenderness over the flexor tendons of the thumb, paracervical muscles showed slight spasm, tenderness of the acromioclavicular region bilaterally, mild tenderness laterally over the patella of the right knee) findings, current diagnoses (lumbar radiculopathy, right greater than left, status post percutaneous decompression at L4-5 and L5-S1 on 9/16/13 with continued residual radiculopathy; cervical strain; bilateral shoulder and scapular strain; right knee strain; bilateral thumb tenosynovitis, left greater than right; bilateral wrist and hand tendinitis with bilateral carpal tunnel syndrome, left worse than right; and secondary depression/insomnia due to chronic pain), and treatment to date (medication). There is no documentation of a rationale identifying how the requested Specialist Referral will aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Specialist 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 ACOEM Guidelines, Chapter 7, Independent Medical Examinations and consultations, page 127

**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) Independent Medical Examinations and consultations, page(s) 127

**Decision rationale:** MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, right greater than left, status post percutaneous decompression at L4-5 and L5-S1 on 9/16/13 with continued residual radiculopathy; cervical strain; bilateral shoulder and scapular strain; right knee strain; bilateral thumb tenosynovitis, left greater than right; bilateral wrist and hand tendinitis with bilateral carpal tunnel syndrome, left worse than right; and secondary depression/insomnia due to chronic pain. However, there is no documentation of a rationale identifying how the requested Specialist Referral will aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for specialist referral to pain management is not medically necessary.