

<b>Case Number:</b>	CM14-0165290		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	10/01/2008
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 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 low back, mid back, shoulder, and wrist pain reportedly associated with an industrial injury of October 1, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; unspecified amounts of acupuncture; and extensive periods of time off of work. In a Utilization Review Report dated September 20, 2014, the claims administrator denied request for a pain management consultation, neurosurgery consultation, and an orthopedic shoulder surgery consultation, invoking non-MTUS Chapter 7 ACOEM Guidelines in each instance. The claims administrator incorrectly stated that the MTUS did not address the topic. The claims administrator stated that there was insufficient information to support the consultations at issue. The claims administrator stated that its decision was based on a September 17, 2014 Request for Authorization (RFA) form. The applicant's attorney subsequently appealed. Electrodiagnostic testing of August 13, 2013 was notable for chronic C6 radiculopathy and moderately severe right-sided carpal tunnel syndrome also evident. Electrodiagnostic of the lumbar spine and lower extremities of September 6, 2013 was reportedly notable for possible L5-S1 radiculopathy. In an August 7, 2014 progress note, the applicant reported multifocal complaints of shoulder, arm, hand, back, leg, and foot pain, reportedly attributed to cumulative trauma at work. The applicant was status post left shoulder surgery, it was acknowledged. Physical therapy was endorsed. The applicant's work status was not attached. On July 23, 2014, the applicant again reported multifocal pain complaints, 6/10. Norco, tramadol, naproxen, and Protonix were endorsed. The attending provider suggested that the applicant pursue a neurosurgical consultation on accounts that the applicant had failed conservative treatment, including epidural steroid injection therapy, for the lumbar spine. An

orthopedic consultation was apparently sought to evaluate the applicant's ongoing shoulder complaints status post earlier shoulder surgery, it was stated. Pain management consultation also was sought owing to the applicant's multifocal pain complaints. The applicant was placed off of work, on total temporary disability.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Pain management consultation for the lumbar spine: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine for Independent medical examinations and consultations regarding referrals, Chapter 7.

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

**Decision rationale:** As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant is off of work, on total temporary disability. The applicant has a host of multifocal pain complaints, reportedly attributed to cumulative trauma at work. The applicant has tried and failed various treatments, including earlier shoulder surgery, opioid therapy, physical therapy, acupuncture, etc. Obtaining the added expertise of a physician specializing in chronic pain, such as a pain management consultant, is therefore indicated. Accordingly, the request is medically necessary.

#### **Orthopaedic Specialist for the left shoulder: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine for Independent medical examinations and consultations regarding referrals, Chapter 7.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, page 209, referral for surgical consultation may be indicated for applicants who fail to increase range of motion and strength of the musculature around the shoulder after exercise programs who have evidence of a lesion shown to benefit, both in the short term and long term, from surgical repair. Here, the applicant apparently has issues with residual shoulder pain status post earlier shoulder surgery, which the requesting provider has posited but not altogether successful. A second opinion shoulder surgery consultation to determine the need for further surgical intervention

involving the injured shoulder is, thus, indicated. Accordingly, the request is medically necessary.

**Neurosurgeon specialist-consult for lumbar spine: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine for Independent medical examinations and consultations regarding referrals, Chapter 7.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 306, if surgery consideration, counseling regarding likely outcomes, risks, benefits, and expectations are very important. ACOEM Chapter 12, page 305 further notes that referral for surgical consultation is indicated in applicants who have severe and disabling radicular complaints with clear clinical, imaging, and/or electrophysiologic evidence of a lesion amenable to surgical correction who have failed to respond favorably to conservative treatment. Here, the applicant is off of work, on total temporary disability. The requesting provider had posited that the applicant has tried, failed, and exhausted various conservative treatments including time, medications, physical therapy, and epidural steroid injection therapy. Moving forward with a neurosurgery consultation to evaluate the applicant's suitability for surgical intervention, thus, is indicated. Therefore, the request is medically necessary.